

License Number: _____

Date: _____

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INDUSTRIAL RADIOGRAPHY INSPECTION REPORT

1. Licensee: _____
2. Address: _____
3. Location: _____ *(If field, complete all * items)*
4. License No.: _____
- 5a. Priority: 1
 2
- 5b. Inspection Code: 03310
 03320
6. Inspection Date: _____
7. Previous Inspection Date: _____
8. Inspection Overdue? Yes No
9. Inspection Type: Initial Routine Special
10. Inspection: Announced Unannounced
11. In Compliance? Yes No
12. No. of Violations: _____
13. Principal Inspector: _____
14. Accompanying Inspector(s): _____
15. Other accompanying personnel: _____

Licensee participants (List individuals, including titles)

16. Inspection:

17. Exit Interview:

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20. MANAGEMENT CONTROL SYSTEMS

- 1. Organizational Structure As Described in Application
or Letter Dated _____, or Other? Yes No
- * 2. Radiation Safety Officer: _____
- * 3. RSO as Stated in License? Yes No
- * 4. Radiography Personnel:
Radiographers Radiographer's Assistants

- 5. Qualification of Radiography Personnel:
 - * a. Radiographers and assistant radiographers named in license? Yes No
 - * b. Licensee has approved training program? Yes No
 - c. Training program meets SRPAR requirements? Yes No
 - d. Radiographers and assistant radiographers training as per SRPAR? Yes No
 - e. Record of training and test results? Yes No
 - f. Radiographer certified? Yes No
- 6. Internal Inspection:
 - a. Licensee has the required internal inspection program? Yes No
 - b. Radiographic personnel observed on job at 6 month intervals? .. Yes No
 - c. Evaluations conducted according to established procedure? Yes No
 - d. Records maintained? Yes No
- 7. Inspection and Maintenance:
 - * a. Includes exposure devices, source changers, and storage containers Yes No
 - * b. Daily Check? Yes No
 - c. Record of results (if required by O&EP)?N/A Yes No
 - d. 3 month check?..... Yes No
 - e. Record of results? Yes No

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8. Regulations and Licensee's Operating and Emergency Procedures:

- * a. Chapters 5, 8, and 13, copy of license, and Operating and Emergency Procedures provided to all radiographers and radiographer's assistants? Yes No
- b. Licensee maintains a utilization log? Yes No
- c. Utilization log contains all required information? Yes No
- d. Licensee makes quarterly physical inventories? Yes No
- e. Quarterly inventories contain all required information? Yes No

21. USERS OF MATERIALS, FACILITIES AND EQUIPMENT

* 1. Byproduct Material Inventory on:

Activity	Isotope	Source S/N	Date Rec'd	Camera Model	Serial No.

2. Scope of Program and Rate of Use:

3. Permanent Radiographic Installation: NA

- a. Visible and audible warning signals? Yes No
- b. Warning signals operate as required? Yes No
- c. Alarm system tested daily (When in use)? Yes No
- d. Records of alarm system tests? Yes No
- e. Unimpeded exit from HRA provided? Yes No

* 4. Storage Area:

- a. Sources locked in device? Yes No
- b. Devices secured to prevent unauthorized removal? Yes No
- c. Keys controlled by _____

* 5. Field Location: N/A

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- a. Authorized? Yes No
- b. Visited during inspection? Yes No
- c. Exposure site:
- d. Proper operating procedures followed? Yes No
- e. Radiographer exercised proper personal supervision
over activities of assistant radiographer? Yes No
- f. Interview indicated radiographer/assistant radiographer
well trained? Yes No
- g. At least 2 persons (2 Radiographers, or Radiographer
and Assistant Radiographer) present at job site? Yes No

6. Survey Meters:

- * a. Calibrated and operable instruments available and used? Yes No
- * b. Type and number available: _____
- * c. Calibrated by: _____
- d. Is calibration method authorized? Yes No
- e. Calibrated at 6 month intervals? Yes No
- f. Calibration records maintained? Yes No
- g. 2 mR/hr through 1 R/hr can be measured? Yes No

* 7. Special Equipment (Shields, Collimators, etc.):

22. PERSONNEL MONITORING CONTROL

- *1. Film Badge Supplier: _____
- 2. Badge Exchange Frequency: _____
- 3. Reports Reviewed By: _____
- 4. Licensee Limit: 5 R/Year 3 R/Quarter
- 5. Dept. Forms or Equivalent
- a. Form RHS 8-1 (History) Yes No
- b. Form RHS 8-2 (Current) Yes No
- 6. Maximum Annual Exposure: Average:

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- *7. Each Individual is Assigned Film Badge and Dosimeter? Yes No
- *8. Dosimeter Type: _____ Range: _____
- *9. Dosimeter Recharged at Beginning of Each Shift? Yes No
- *10. Dosimeter Dose Recorded Each Day of Use? Yes No
- *11. Dosimeters Checked for Correct Response Annually? Yes No
- *12. Exposure Reports Available for Review by Employees? Yes No
- 13. Are Dosimeter Readings Comparable to Film Badge Readings? Yes No
- *14. Alarming ratemeter present and worn? Yes No
 - a. Checked for alarm function before use? Yes No
 - b. Set to alarm at dose rate of 500 mR/hr? Yes No

23. LEAK TESTS

- *1. Approved Leak Test used? Yes No
- *2. Supplier/Model of Leak Test Kit: _____
- 3. Test at 6 month intervals? Yes No
- *4. Results of Tests: _____

*24. SURVEYS

- 1. Restricted Area Survey Performed? Yes No
- 2. Restricted Area Survey Recorded? Yes No
- 3. Maximum radiation levels in unrestricted areas?
- 4. Survey after each exposure? Yes No
- 5. Vehicle survey performed? Yes No
- 6. Records of vehicle surveys? Yes No
- 7. Storage survey performed? Yes No
- 8. Record of last storage survey in workday? Yes No

*25. POSTING AND LABELING

Where?

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- f. Packages released for shipment have external radiation levels of
200 mR/hr or less at the surface and
10 mr/hr or less at 3 feet? Yes No
- g. Shipping papers and package labeling are properly completed? ... Yes No
- * 7. Proper shipping container used? Yes No
- * 8. Container marked and labeled per DOT regs? Yes No
- * 9. Vehicle placarding per DOT regs? Yes No
- * 10. Shipping papers per DOT regs? Yes No

*28. Type of Record and Extent of Review (Indicate time period(s) reviewed)

	N/A	Spot Check	Partial Rev	Complete Rev
Survey				
Internal Audit				
Training/Testing				
Calibration				
Leak Test				
Alarm/Interlock Test				
Effluents				
Air Sampling				
Bioassay				
Receipt/Disposal				
Inventory				
Dosimetry				

* 29. INCIDENTS, OVEREXPOSURES, THEFT OR LOSS, EQUIPMENT MALFUNCTION (If not described elsewhere, report here)

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30. OTHER INFORMATION OR CONTINUATION FROM PREVIOUS PARAGRAPHS
(Attach additional pages if necessary)

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NOTES

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NOTES