

# NUCLEAR MEDICINE INSPECTION REPORT

(includes iodine therapy)

*(All reg. references proceeded by SRPAR 0400-20)*

Licensee:

Address:

Location of Inspection:

License Number:

Priority:

Inspection Code

Inspection Date:

Previous Inspection Date:

Inspection Overdue:    Yes                      No

Inspection Type:        Initial              Routine              Special

Inspection:              Announced        Unannounced

In Compliance:        Yes              No                      Number of Violations

Accompanying Inspector(s):

Other Accompanying Personnel:

Licensee Participants: (list individuals, including titles)

Inspection:

Exit Interview:

## Section I. Interview

### 1. Organization and Administration

a. Administrator -

b. Department Manager-

c. RSO -

License No.  
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d.	Is RSO as listed on license? [07-.13(1)(c)]	yes	no
e.	Authorized Users (doctors) -		
f.	Are all Authorized Users as listed on license? [07-.13(1)(b)]	yes	no
g.	Technicians -		

**2. Radiation Safety Officer (RSO) Authority and Responsibilities [07-.17]**

a.	Licensee and RSO has agreement, <u>in writing</u> , granting RSO authority to implement radiation protection program [07-.17(2)]	yes	no
b.	Licensee shall establish the authority, duties, and responsibilities of RSO <u>in writing</u> . [07-.17(5)]	yes	no
c.	Records retained of signed RSO written agreement and duties [07-.82(2)]	yes	no
d.	Has licensee provided RSO sufficient authority, time, and resources to identify radiation safety problems, and provide and complete corrective actions as necessary. [07-.17(7)]	yes	no

**3. Misadministrations [05-.145] and Incidents [05-.141]**

a.	Any reportable misadministrations or incidents?	yes	no
b.	Records maintained?	N/A	yes no
c.	Spot check review patient records to check prescribed vs. actual dose?	yes	no
d.	Records required under 05-.145(7) contain:	yes	no
	Licensee's name	Why the event occurred	
	Names of individuals involved	Effect on the patient	
	Identification of patient (need not be a name)	Actions taken to prevent recurrence	
	Description of the event	Was the individual/patient notified?	
e.	Remind facility of the definition and reporting requirements for therapeutic misadministration?	yes	no

**4. Summary of Licensed Program (Use and Possession)**

a.	(Check all that apply): Measurements of up-takes, dilutions, and excretions - No imaging [07-.38] Diagnostic imaging and localization studies with unsealed sources - <b>No written directive</b> [07-.40] Unsealed sources diagnostic and therapeutic – <b>Written directive required</b> [07-.44] Sealed sources for manual brachytherapy [07-.51] Teletherapy [07-.63]		
b.	Quantity and Identity of Material present at facility:		
(1)	Does a. and b. above agree with the license? [L.C. 6,8,9,10]	yes	no

License No.  
Date

**c.** Number of techs making injections:                      **d.** Number and Type of scans per month:

**e.** Are sealed source receipt and disposal records maintained? [10-.26] . . . yes    no

**f.** Generator (Molybdenum and Rubidium generators) . . . . . N/A     yes    no

**(1)** If yes, who supplies it?

**(2)** Receipt / disposal records on file? . . . . . yes    no

**(3)** Radionuclide contaminants tests [07-.41]

**i.** Moly test performed? (<0.15 µCi Mo-99/mCi Tc-99m) N/A    yes    no

**ii.** Sr-82 per Rb-82 test? (<0.02 µCi Sr-82/mCi Rb-82) . . N/A    yes    no

**iii.** Sr-85 per Rb-82 test? (<0.02 µCi Sr-85/mCi Rb-82) . . N/A    yes    no

**iv.** Records maintained? [07-.41(3)] . . . . . yes    no

**v.** Records contain: [07-.95] . . . . . yes    no

- Ratio of contaminate to desired radionuclide
- Ratio in units of microCuries or microGrams / millicuries
- Time and date of measurement
- Name of individual making the assessment

**g.** Name of Pharmacy providing unit doses:

**h.** Multiple locations of use? [L.C.                      ] . . . . . N/A    yes    no

List the locations:

**5. Training of Personnel                      [04-.12, 07-.45 & 07-.54]    [L.C                      Q**

**a.** Technologists

**(1)** Received initial and/or annual refresher training in:

**i.** General rad worker initial radiation training? [04-.12]. . . . . yes    no

**ii.** General rad worker refresher training?[L.C.                      ]N/A    yes    no

**iii.** Training records maintained? [ L.C.                      ] . . . . N/A    yes    no

**(2)** Technologists and nurses caring for in-house therapy patients under 07-.45 and .54

**i.** Working with in house therapy patients [07-.45]    N/A    yes    no

**ii.** Working with in house Brachytherapy patients? [07-.54 ] N/A    yes    no

**iii.** Training Records maintained? [07-.96] . . . . . yes    no

**iv.** Training records required under 07-.96 contain: . . . . . yes    no

- List of topics covered                      Names of attendees
- Date of the instruction                      Names of individuals who provided instruction

License No.  
Date

- (3)** Individuals' understanding of current procedures is adequate in: [04-.12]
- i. Operating procedures ..... yes no
  - ii. Emergency procedures? ..... yes no
  - iii. General rules for ALARA? ..... yes no
- (4)** Declared Pregnant Worker Training [05-.56, records 05-.135(6)] **N/A**
- i. Are workers informed/trained as to policy? ..... yes no
  - ii. Are declarations of pregnancy records maintained? ..... yes no
- b.** Auxiliary Personnel (janitorial staff, etc.) **N/A**
- (1)** Received initial training? [04-.12] ..... yes no
  - (2)** Received annual refresher training? [ L.C. ] N/A yes no
  - (3)** Records maintained? [ L.C. ] ..... N/A yes no

**Notes:**

## Section II. Physical Inspection

- 1. Posting, Labeling, and Procedures [04-.11 & 05-.111 & 05-.113]**
- a.** Are all areas posted appropriately? (CRM, CRA) ..... yes no
  - b.** Is the lab secure? [05-.100] ..... yes no
  - c.** Is the storage area secure? [05-.100] ..... yes no
  - d.** Is RHS 8-3 posted? [04-.11(3)] ..... yes no
  - e.** Are emergency procedures posted? [04-.11(e)] ..... yes no
  - f.** Are Lab Rules posted? [04-.11(e)] ..... yes no
  - g.** Are operating procedures available? [04-.11(e)] ..... yes no
  - h.** Is a notice stating where to find the license and regulations posted? ... yes no
  - i.** Is the waste labeled CRM? [05-.113] ..... yes no
  - j.** Are the vials/syringes labeled to identify radioactive drug? [07-.33] .... yes no
  - k.** Is there food in the RAM fridge? ..... N/A yes no
  - l.** Does the smoke test show negative pressure? [L.C. \_\_\_\_ ]N/A yes no
  - m.** Is the facility set-up as diagramed in the license? [L.C. \_\_\_\_ ]N/A yes no



License No.  
Date

Survey meter(s) used: Model S/N Cal date  
Model S/N Cal date

## Section III. Record Review

### 1. Personnel Exposure Records: [05-.135]

a. Supplier:	b. Dosimeter Type:
c. Frequency of Exchange:	d. Badge Results (in mRem): ↓

	Totals for year:		Totals for year:		Totals for year:		Totals for year:		Totals for year:	
	WB	Ring	WB	Ring	WB	Ring	WB	Ring	WB	Ring
<b>Ave</b>										
<b>Max</b>										

- e. Is every one badged? ..... yes no
- f. Are badges returned on time? ..... yes no
- g. Dose limits maintained? [05-.50] ..... yes no
- h. Exposures estimated for missing badges? ..... N/A yes no
- i. All badge records present? ..... yes no
- j. Control badge maintained in proper area? ..... N/A yes no
- k. Reports reviewed by (name and title):
- l. Attempt to obtain employees radiation exposure history from other facilities? [05-.133(1)(b)] ..... N/A yes no

### 2. Radiation Safety Committee [07-.17(6)] [L.C. Q\*\*\*\*\* N/A

- a. Do they have a RSC? (if required by 07-.17(6)) ..... yes no
- b. Meetings held at least every 6 months? [07-.17(8)] ..... yes no
- c. Do the minutes show that they are performing their duties? [07-.82(3)] .. yes no

### 3. Internal audits or inspections [05-.40] [L.C. \*\*\*\*\*Q

- a. Audits or inspections are conducted? ..... yes no
- b. Records maintained? [05-.131] ..... yes no

### 4. Patient Doses, Assays, and Records [07-.30] [L.C. \*\*\*\*\*Q

License No.  
Date

- a. Does licensee obtain all patient doses in prepackaged unit doses from a nuclear pharmacy? ..... yes no
- b. Any bulk doses? ..... yes no

**5. Area Surveys [07-.34] [L.C. ....Q**

- a. Daily contamination surveys where RAM is prepared or used? [07-.34 (1)] yes no
- b. Daily contamination surveys for generators/bulk doses?[07-.34(5)] NA yes no
- c. Weekly dose rate level surveys for storage areas? [07-.34 (2)] ..... yes no
- d. Survey action levels established for restricted area:  
 Area dose rates? [07-.34(4)] Action Level: yes no  
 Area contamination? [07-.34(7)] Action Level: yes no
- e. Survey action levels established for unrestricted area:  
 Area dose rates? [L.C. ]Action Level: yes no  
 Area contamination? [L.C. ]Action Level: yes no
- f. Are records of all surveys maintained? [07-.91]? yes no
- g. Records contain:  
 \_\_\_ date of survey \_\_\_ results of survey  
 \_\_\_ instrument used \_\_\_ name of surveyor [07-.91] ..... yes no

**6. Dose Calibrator Calibration [07-.28] [L.C. Q N/A**

- a. Geometric Mean performed? (Installation and/or after maintenance) ... yes no
- (1) Date of last test:
- (2) Within limits ( $\pm 10\%^*$ ) ..... yes no
- (3) Records maintained? [07-.89] ..... yes no
- b. Annual Accuracy tests performed? ..... yes no
- (1) Dates of tests:
- (2) Within limits? ( $\pm 10\%^*$ ) ..... yes no
- (3) Records maintained? [07-.89] ..... yes no
- c. Quarterly Linearity performed? ..... yes no
- (1) Dates of tests:
- (2) Within limits? ( $\pm 10\%^*$ ) ..... yes no
- (3) Method used:
- (4) Records maintained? [07-.89] ..... yes no
- d. Daily Constancy performed? ..... yes no
- (1) Within limits? ( $\pm 10\%^*$  with a sealed source) ..... yes no

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<b>(2)</b>	Records maintained? [07-.89] .....	yes	no
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\* These percentages come from the Medical License Application Guide (revised March 2010); license conditions and/or manufacturer recommendations may vary.

<b>7.</b>	<b>Inventory of Sealed Sources [07-.32(5)] [L.C.]</b>	<b>Q</b>	<b>N/A</b>
<b>a.</b>	Conducted semi-annually? [07-.32(5)] .....	yes	no
<b>b.</b>	Records maintained? [07-.111(2)] .....	yes	no
<b>c.</b>	Records under 07-.111(2) contain: .....	yes	no
	Model number		
	Serial number (if one has been assigned)		
	Identity of each source by radionuclide		
	Each source's nominal activity		
	Location of each source		
	Name of individual who performed the inventory		
<b>d.</b>	Dates of Inventories:		
<b>e.</b>	Are exempt sources inventoried? [Schedule RHS 8-3 chp.10] .	N/A	yes no
<b>f.</b>	Sources in storage secure? (05-.100) .....	N/A	yes no

<b>8.</b>	<b>Leak tests [07-.32] [L.C.]</b>	<b>Q</b>	<b>N/A</b>
	( sources > 100 µCi gamma/beta, > 10 µCi alpha)		
<b>a.</b>	Dates/Sources:		
<b>b.</b>	All Leak test results reported less than 0.005 µCi or <185 Bq? [07-.32(3)]	yes	no
<b>c.</b>	Records maintained [07-.111(1)] .....	yes	no
<b>d.</b>	Records under 07-.111(1) contain: .....	yes	no
	Model number		
	Serial number (if one has been assigned)		
	Identity of each source by radionuclide		
	Estimated activity		
	Results of the test		
	Date of the test		
	Name of the individual who performed the test		

<b>9.</b>	<b>Package Receipt [05-.115] [L.C.]</b>	<b>Q</b>	
<b>a.</b>	Are written procedures maintained? [05-.115(5)] .....	yes	no
<b>b.</b>	Procedures followed (one meter, surface, swipe)? [05-.115] .....	yes	no
<b>c.</b>	Surveyor understands action levels (10mR/hr at one meter, 200 mR/hr at surface of package, 2200 dpm per 100 cm <sup>2</sup> swipe)? .....	yes	no
<b>d.</b>	Records maintained of receipt survey? [05-.132(1)] .....	yes	no
<b>e.</b>	Incoming packages surveyed on time? [05-.115(3)] .....	yes	no



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**f.** Are after hours deliveries secure? [05-.100] ..... N/A      yes      no

**g.** Where are after hours packages maintained?

**10. Survey Meter Calibration (annually) [07-.29] [L.C. ....] Q**

**a.** Model:                      S/N:                      Last Cal Date:

Model:                      S/N:                      Last Cal Date:

Model:                      S/N:                      Last Cal Date:

**b.** Current Calibration? [07-.29(1)] ..... yes      no

**c.** Calibration date affixed to meter? [07-.29(2)(c)] ..... yes      no

**d.** Calibration records maintained? [07-.29(4)] ..... yes      no

**e.** Calibration records required by 07-.29(4) contain: [07-.88] ..... yes      no

Model and serial number of the instrument

Date of the calibration

Results of the calibration

Name of the individual who performed the calibration

**f.** Daily operational check? [L.C.                      ]. ..... yes      no

**11. Waste Disposal Records [05-.120 and 07-.37] [L.C.                      Q                      N/A]**

**a.** Disposal to sanitary sewer? ..... N/A      yes      no

**(1)** In accordance with 05-.122? ..... yes      no

**(2)** Records maintained? [05-.137 & 10-.26] ..... yes      no

**b.** Waste held for decay in storage? [07-.37] ..... N/A      yes      no

**(1)** Surveys waste at background levels before disposal? [07-.37(1)(a)] yes      no

**(2)** Are RAM labels removed / defaced prior to release? [07-.37(1)(b)] yes      no

**(3)** Waste disposal records maintained? [07-.94] ..... yes      no

**(4)** Waste record includes: [07-.94] ..... yes      no

date of disposal

instrument used

results of survey

background measured

name of surveyor

**12. Xenon [L.C.                      Q                      .....                      N/A]**

**a.** Describe monitoring or evaluation method:

**b.** Charcoal trap monitored per license? ..... yes      no

**c.** How often is the trap replaced?

**d.** Clearance time & emergency procedures posted? ..... yes      no

**e.** Ventilation rates checked annually for negative pressure? ..... yes      no

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- 13. DTPA [L.C. Q N/A**
- a. Treatment room surveyed for contamination after administration? . . . . . yes no
  - b. Survey records maintained? . . . . . yes no
  - c. How are the used ventilation kits disposed of?
- 14. Transportation [10-.30] N/A**
- a. Licensee makes shipments of RAM? . . . . . yes no
  - b. If so, describe shipment content and method:
  - c. Shipments
    - (1) Authorized packages used? . . . . . yes no
    - (2) Package type used?
    - (3) Packages properly labeled and marked? . . . . . yes no
    - (4) Packages properly surveyed? . . . . . yes no
- 15. Mobile Nuclear Medicine Service [07-.36] [L.C. Q N/A**
- a. Licensee uses mobile nuclear medicine services? . . . . . yes no
  - b. Licensee operates mobile nuclear medicine services? . . . . . yes no
  - c. Mobile location specified? [07-.36(1)(a)] . . . . . yes no
  - d. Check dose calibrator daily at each location? [07-.36(1)(b)] . . . . . yes no  
(at minimum, a daily constancy check)
  - e. Check survey meters daily at each location? [07-.36(1)(c)] . . . . . yes no
  - f. Survey all areas of use at each location? [07-.36(1)(d)] . . . . . yes no
  - g. Shipping papers and emergency procedures available? [10-.30] . . . . . yes no
  - h. Is RAM delivered to the licensee? [07-.36(2)] . . . . . yes no
    - (1) If no, does the client have a license to receive RAM? . . . . . yes no
  - i. Does the driver have hazardous material employee training? [10-.30(1)(a)6.] yes no
    - (1) At least once every three years? . . . . . yes no

**Notes:**

<b>Section IV. Iodine 131 Therapy [07-.46] [L.C.</b>	<b>Q</b>	<b>N/A</b>
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*(Note: Rule .46 includes any other radiopharmaceutical that might be used, in addition to I-131)*

**1. Written Directive Requirements [07-.21]**

- |           |  |     |    |
|-----------|--|-----|----|
| <b>a.</b> | Written procedure available for verifying patient's identity? [07-.21(1) . . . | yes | no |
| <b>b.</b> | Written directive procedure in accordance with 07-.21(2)? . . . . .            | yes | no |
|           | Verifying the identity of the patient  |     |    |
|           | Verifying that the administration is in accordance with the written directive  |     |    |
| <b>c.</b> | Copy of written directive from the Authorized User maintained? [07-.20(4)]     | yes | no |
| <b>d.</b> | Written directives for Iodine-131 therapy contain: . . . . .                   | yes | no |
|           | <input type="checkbox"/> Dosage amounts [07-.20(2)(a)]                         |     |    |
|           | <input type="checkbox"/> Authorized user signature and date [07-.20(1)]        |     |    |

**2. Inpatient Cases**

**N/A**

- |           |  |     |    |
|-----------|--|-----|----|
| <b>a.</b> | Patients placed in private room? [07-.46(1)(a)] . . . . .                      | yes | no |
| <b>b.</b> | Patient room posted CRM? [07-.46(1)(b)] . . . . .                              | yes | no |
| <b>c.</b> | Patient room posted CRA? [07-.111(1)] . . . . .                                | yes | no |
| <b>d.</b> | Visitor instructions posted on door or in patient's file? [07-.46(1)(c)] . . . | yes | no |
| <b>e.</b> | DMP surveys performed in adjacent areas to patient's room? [05-.61] . .        | yes | no |
|           | <b>(1)</b> Records maintained? [05-.136] . . . . .                             | yes | no |
| <b>f.</b> | After release, patient room surveyed and free released? [07-.46(1)(d)] . .     | yes | no |

**3. Outpatient Cases**

**N/A**

- |           |  |     |    |
|-----------|--|-----|----|
| <b>a.</b> | Release of patients meets 07-.35? . . . . .                            | yes | no |
|           | <b>(1)</b> Records maintained for basis of release? [07-.92] . . . . . | yes | no |
| <b>b.</b> | Written instructions provided to patient? [07-.35(2)] . . . . .        | yes | no |
|           | <b>(1)</b> Records of instructions given patient? [L.C . . . . .]      | yes | no |

**Notes:**

License No.  
Date

## Section VI. General Inspection Requirements

1. **Non-Standard requirements** **N/A**
  
2. **Incidents, Overexposures, Theft or Loss, Equipment Malfunction** **N/A**  
**[05-.140 & 05-.141]** (Those not described elsewhere should be reported here)
  
3. **General Observations**

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Date

**4. Inspection History (violations from previous inspections)**

<b>License Condition or Reg. Requirement</b>	<b>Violation</b>	<b>Corrective Action Taken (y/n)</b>	<b>Status</b>

**5. Exit Interview/non-compliance summary**

<b>License Condition or Reg. Requirement</b>	<b>Violation</b>	<b>1-Immediate Hazard 2-Serious 3-Non-serious</b>	<b>Corrective Action Taken (y/n)</b>

License No.

Date

## NOTES

License No.

Date

## NOTES

License No.  
Date

## Records to Review

- License
- Dose Calibrator QA/QC:
  - Daily Constancy
  - Quarterly Linearity
  - Annual Accuracy
  - Geometric Mean
- Radiation Safety Committee Meetings (semi-annually)
- Sealed source inventory (6 months)
- Survey instrument calibrations (annually)
- Receipt records
- Disposal records
- Sanitary Sewer Release records
- Xenon surveys after each use
- Tc99m DTPA surveys after each use
- Daily Contamination surveys
- Weekly Wipe tests surveys
- Waste disposal records
- Employee bioassays
- Leak tests of sealed sources (6 months)
- Patient dose assay records
- Xenon trap survey
- Xenon trap change out records
- Personnel monitoring records
- Misadministrations
- Declared Pregnant Workers training
- State Regulations
- Operating Procedures (lab rules)
- Emergency procedures
- Employee Training



## Regulation Bibliography Nuclear Medicine

(all reg. references preceded by SRPAR 400-20-)

### Chapter 4

- 04-.11 Posting of Notice to Employees
- 04-.12 Instruction to Workers

### Chapter 5

- 05-.40 Radiation Protection Programs
- 05-.50 Occupational Dose Limits for Adults
- 05-.56 Dose to an Embryo/Fetus
- 05-.61 Compliance with Dose Limits for Individual Members of the Public
- 05-.100 Security of Stored Material
- 05-.111 Posting Requirements
- 05-.113 Labeling Containers
- 05-.115 Procedures for Receiving and Opening Packages
- 05-.120 General Disposal Requirements
- 05-.122 Disposal by release into Sanitary Sewer
- 05-.131 Records of Radiation Protection Program
- 05-.132 Records of Surveys
- 05-.133 Determination of Prior Occupational Dose
- 05-.135 Records of Individual Monitoring Results
- 05-.136 Records of Dose to Individual Members of the Public
- 05-.137 Records of Waste Disposal
- 05-.140 Reports of Theft or Loss of Licensed Material
- 05-.141 Notification of Incidents
- 05-.145 Notifications, Records and Reports of Misadministration

### Chapter 7

- 07-.05 Definitions
- 07-.13 License Amendments
- 07-.17 Authority and Responsibilities for the Radiation Protection Program
- 07-.20 Written Directives
- 07-.21 Procedures for Administrations Requiring a Written Directive
- 07-.28 Possession, Use, and Calibration of Instruments Used to Measure the Activity of Unsealed Radioactive Material
- 07-.29 Calibration of Survey Instruments
- 07-.30 Determination of Dosages of Unsealed Radioactive Material for Medical Use

- 07-.32 Requirements for Possession of Sealed Sources and Brachytherapy Sources
- 07-.33 Labeling of Vials and Syringes
- 07-.34 Surveys of Ambient Radiation Dose Rate and Contamination
- 07-.35 Release of Individuals Containing Radioactive Drugs or Implants
- 07-.36 Provision of Mobile Medical Service
- 07-.37 Decay in Storage
- 07-.38 Use of Unsealed Radioactive Material for Uptake, Dilution, and Excretion Studies for Which a Written Directive is Not Required
- 07-.40 Use of Unsealed Radioactive Material for Imaging and Localization Studies for Which a Written Directive is Not Required
- 07-.41 Radionuclide Contaminants
- 07-.44 Use of Unsealed Radioactive Material for Which a Written Directive is Required
- 07-.45 Safety Instruction
- 07-.51 Use of Sealed Sources for Manual Brachytherapy
- 07-.52 Surveys After Source Implant and Removal
- 07-.53 Brachytherapy Source Accountability
- 07-.54 Safety Instruction
- 07-.55 Safety Precautions for Patients Receiving Brachytherapy Units
- 07-.82 Records of Authority and Responsibilities for Radiation Protection Programs
- 07-.88 Records of Radiation Survey Instrument Calibration
- 07-.89 Records of Dosages of Unsealed Radioactive Material for Medical Use
- 07-.91 Records of Surveys for Ambient Radiation Exposure Rate
- 07-.94 Records of Decay in Storage
- 07-.96 Records of Safety Instruction and Training
- 07-.98 Records of Brachytherapy Source Accountability
- 07-.111 Records of Leak Tests and Inventory of Sealed Sources and Brachytherapy Sources

### Chapter 10

- 10-.26 Records
- 10-.30 Packaging and Transport of Radioactive Material

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## Nuclear Medicine Inspection Report Index (for Field form)

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2. Radiation Levels and Contamination Surveys

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#### Section VI

#### General Inspection Requirements

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### Records to Review

### Regulation Bibliography

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### Revisions

- 1 I and E section review changes
- 2 Add Section III, questions 17c and 17d to misadministration section 12/5/12
- 3 Revise misadministration section 12/6/12
- 4 All Sections color highlighted in box  
Moved misadministration part to Section I. 3  
Iodine therapy changed to a separate section (Section IV)  
Manual brachytherapy changed to a separate section (Section V)  
Section I.3., "Summary of licensed program" moved to Section I.4  
Section I.4, "Training of Personnel", moved to Section I.5.  
Section I.5, add "General rad worker refresher training" and "Training maintained" questions.  
Section I.5(2), added "... and nurses caring for in-house therapy patients under 07-.45 and .54"  
Section I.5(b)(2), added "Received annual refresher training? [ L.C.\_\_\_\_ ] . N/A\_\_\_\_ yes\_\_\_\_ no\_\_\_\_"  
Section I.5(b)(3), added "Records maintained? [ L.C.\_\_\_\_ ] . . . N/A\_\_\_\_ yes\_\_\_\_ no\_\_\_\_"  
Section III.5, added distinction between restricted and unrestricted area surveys. Added unrestricted area dose rates surveys, contamination surveys and actions levels of each.  
Section V.1, added Summary of Program.  
Section V.2.d, changed format and added "patient name"  
Section V.8, added General Requirements subsection (taking questions from other subsections)  
Section V.8, added "Are all sources calibrated before use? [07-.56]" question and records  
Section V.9.f, added add "In patient's file? [L.C.\_\_\_\_ ]"
- 5 Highlighted questions (July 1, 2017)  
Insert yes no boxes and dialog boxes