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(07/28/98)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

Inspection Date

INSPECTION REPORT

(Use this form for inspections only)

Compliance No. =>

Name and Address of Licensee/Registrant		Lic/Reg No.:	
		Site No.:	
		Expiration Date:	
		Inspection Region:	
		Category Code:	
		Use Code:	
		Type of Use:	
Address of Inspection		Type of Inspection	
		<input type="checkbox"/> Announced	<input type="checkbox"/> Field
		<input type="checkbox"/> Unannounced	
Inspection Notice to (Name, Title, Address)		Radiation Safety Officer	
		RSO Phone No.	
Copy of Inspection Notice to (Name, Title, Address)		"Inspection Findings" were discussed with:	
Telephone No.		Accompanying Inspector(s)	
Inspector:		Reviewed by:	
Report Date:		Date Reviewed:	

Inspection Findings: **Items of Noncompliance**

ACC-1  
(2/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

PROGRAM AND MANAGEMENT REVIEW

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

1. Scope of Operations (numbers/types of sources, how/when used, field work)
  
2. General Information (persons present, where located, contact problems)
  
3. Radiation Safety Officer & Radiation Safety Committee (who, duties, when meet)  
**, RSO**
  
4. Document Posting (check, if available or posted)
 

<input type="checkbox"/> Texas Regulations [25 TAC §289.203(b)(1)(A)]	<input type="checkbox"/> Operating Procedures [25 TAC §289.203(b)(1)(C)]
<input type="checkbox"/> RAM License [25 TAC §289.203(b)(1)(B)] Amend #	<input type="checkbox"/> Notice of violations [25 TAC §289.203(b)(1)(D)]
<input type="checkbox"/> Registration [25 TAC §289.203(b)(1)(B)]	<input type="checkbox"/> Notice to Employees [25 TAC §289.203(b)(3)]
Posted Properly? Yes <input type="checkbox"/>	(or) Notice of availability Posted? Yes <input type="checkbox"/>
[25 TAC §289.203(b)(4)] No <input type="checkbox"/>	[25 TAC §289.203(b)(2)] No <input type="checkbox"/>
  
5. Location of Records [25 TAC §289.201(d)] (where, who maintains, availability)
  
6. Inspection History
 

Date of last inspection \_\_\_\_\_ Number of violations reported \_\_\_\_\_

Have previous violations been properly corrected? Yes  No

List violations that were not corrected & licensee/registrant's explanation for non-correction:

Comments:

ACC-2  
(02/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

TRAINING AND PERSONNEL MONITORING

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Training Program

A. Initial Training [25 TAC §289.203(c)] (who is trained, who trains, what are subjects)

B. Refresher Training

C. Records, Examinations (type exam, records -describe)

D. Management Audits (who audits, frequency, records)

1. Personnel

2. Operations

3. Safety Requirement

II. ALARA and RPP [25 TAC §289.202(e)]: Yes  No  If yes, describe program:

III. Incidents (describe any that have occurred) [25 TAC §289.202(ww),(xx),(yy)]

A. Reports to Agency:

B. Reports to employees [25 TAC §289.202(aaa)]

Comments:

PERSONNEL MONITORING

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Personnel Monitoring Records reviewed for \_\_\_\_\_ through \_\_\_\_\_

A. Is TRC Form 21-2 (history) maintained? (Required only for planned special exposures.)

Yes  No  [25 TAC §289.202(k)]

B. Is TRC Form 21-3 or compatible records available? [25 TAC §289.202(rr)] Yes  No

Does it contain all required information? Yes  No

C. Supplier: \_\_\_\_\_ Type \_\_\_\_\_ Frequency \_\_\_\_\_ Persons Mon \_\_\_\_\_

D. Observed Range: Low \_\_\_\_\_ Max \_\_\_\_\_

Whole body \_\_\_\_\_ mr \_\_\_\_\_ mr

Extremity \_\_\_\_\_ mr \_\_\_\_\_ mr

Skin \_\_\_\_\_ mr \_\_\_\_\_ mr

Pocket Dosimeters Yes   
No

If yes, describe use and calibration method:

G. Do persons under 18 work in radiation areas? Yes  No

If yes, describe conditions.

H. Where are control badges kept and how are they used?

I. Describe the method of providing notices (to Agency and employee) for:

1. Terminations [25 TAC §289.203(d)(3)]

2. Overexposures [25 TAC §289.203(d)(4)]

F. Overexposures:

Name	DOB	Exposure	Year	Date Reported Agency
		mr		
		mr		
		mr		
		mr		
		mr		

Check if list continued elsewhere in this report

Comments:

ACC-4  
(02/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

RADIATION SURVEYS

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Use Area Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

II. Storage Area Surveys [[25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

III. Transport Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

IV. Area Wipe Surveys [25 TAC §289.202(p)(1), procedures] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record.)

V. Package Receipt Procedures [25 TAC §289.202(ee)] and Surveys [25 TAC §289.202(nn)] (Describe instruments used, results, frequency, records and their content - perform inspector survey and record)

VI. Instrument Calibration [25 TAC §289.202(p)(2),(3)]

A. Method (or service company) and frequency including analytical instrument.

B. Instruments available:

Make	Model	Serial Number	Range	Calibration Date(s)

Check here if list is continued elsewhere in the report.

Comments:

ACC-5  
(02/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

RADIATION SOURCE CONTROLS

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued)

I. Radiation Source Inventory [lic/reg condition] (Describe method, records, frequency - perform inspector inventory and attach Agency form.)

II. Inspection and Maintenance (license condition – usually six month interval)

III. Radiation Source Receipt/Transfer Records [25 TAC §289.201(d)(1)] (Describe method, records)

IV. Radiation Source Use Records [lic/reg condition] (Describe method, records, address, out of state use - include reciprocity.)

V. Radiation Waste Disposal [25 TAC §289.202(ff)-(kk)] (Describe waste handling procedures, controls, records)

A. Internal procedures, controls, systems, records

B. Waste processor service - waste manifests [25 TAC §289.202(jj)]

C. Exemption of specific wastes [25 TAC §289.202(fff)]

VI. Leak Tests of Sealed, Plated Radioactive Material Sources

A. Procedures and frequency [25 TAC §289.201(g)(1)]

B. Was interval exceeded? Yes  No

C. Analysis and records [25 TAC §289.201(g)(3)-(4)] (who analyzes, are units appropriate)

D. Leakage found? Yes  No   
 Reported? [25 TAC §289.201(g)(6)&(7)] Yes  No  N/A

Comments:

INSPECTOR FACILITY AND EQUIPMENT INSPECTION

Licensee/Registrant Name	License/Reg No.	Inspection Date
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Inspection Findings (continued):

I. Compare existing storage and use facilities to the drawings and information presented in the application(s).

II. Area Posting and Controls (Describe what/where, posting, security, controls, etc.)

- A. Radiation Areas [25 TAC §289.202(aa)(1)] Yes  No  N/A
- B. High Radiation Areas [25 TAC §289.202(aa)(2)] Yes  No  N/A
- C. Airborne Radioactivity Areas [25 TAC §289.202(aa)(4)] Yes  No  N/A
- D. Storage Areas Yes  No  N/A

III. Container security [25 TAC §289.202(y)] Labeling [25 TAC §289.202(cc)] (Describe security, labels used)

- A. Devices
- B. Storage Containers (watch exemptions)
- C. Transport Containers (determine if used in transport)
- D. Sealed Sources and others:

IV. Emergency Equipment (shields, handling tools, source recovery equipment, showers, medical, decontamination equipment, barricades)

V. Source/container design criteria (do they comply?)

VI. Operations:

A. In-house:

B. Field:

Comments:

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(07/28/98)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

INSPECTOR SURVEY RECORD

Licensee/Registrant Name	License/Reg No.	Inspection Date
Inspection Findings (continued): <p style="text-align: center;">INSPECTOR RADIATION SURVEY RESULTS</p> Instrument Mfg.: _____ Serial No.: _____ Calibration Date: _____ Survey of: _____ Surveyor: _____		
Sketch and Survey Results (show sources, location, posting, security, and other controls):		



ACCELERATOR INSPECTION GUIDE

Registrant Name		Registration No.	Inspection Date
Machine ID		Serial No.	

I. Records Review [TRCR 35.11(h)]

A. Survey Records (adequacy checklist):

1. Survey prior to initiation of treatments (medical accelerators)? [TRCR 35.7(b)] N/A  Yes  No
2. Surveys following changes in shielding, operation equipment, or occupancy? [TRCR 35.11(b)] N/A  Yes  No
3. Smear surveys (periodic)? [TRCR 35.11(f)] Yes  No
4. Airborne particulate surveys? [TRCR 35.11(e)] N/A  Yes  No
5. Comments:

B. Equipment Calibration and Testing Records:

1. Interlock present? [TRCR 35.8(b)] Yes  No
2. Flashing light(s) present? [TRCR 35.9(a)] Yes  No
3. Audible (15 sec.) alarm present? [TRCR 35.9(b)] Yes  No
4. "Scram" button present? [TRCR 35.8(f)] Yes  No
5. "High radiation area" monitor present? [TRCR 35.11(c)] Yes  No
6. Have items 1-5 been tested quarterly? (Verify by records) [TRCR 35.11(d)] Yes  No
7. Have portable monitoring instruments been calibrated annually? [TRCR 35.11(a)] Yes  No
8. Comments:

C. Miscellaneous Equipment and Precautions:

1. Is a ventilation system for ozone or airborne radioactivity present? [TRCR 35.12] N/A  Yes  No
2. Does licensee use uranium shadow shields? (If "yes", are they licensed by the Agency?) Yes  No   
Yes  No
3. Are pathways, barriers, etc. leading to "high radiation areas" posted appropriately? [TRCR 35.9(c)] Yes  No
4. Comments:

ACC-8  
(02/28/98)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

ACCELERATOR INSPECTION GUIDE (CONTINUED)

Registrant Name	Registration No.	Inspection Date
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INSPECTOR'S SURVEYS

A. Interlock Tests:

1. Timer run-down            OK  Not OK
2. Power "off"                OK  Not OK
3. Door release                OK  Not OK
4. "Scram" button            OK  Not OK

B. Accelerator Control console:

1. Where is the key kept when unit is not in use? (security – TRCR 35.10(a))
2. Procedures available at console?                [TRCR 35.10(f)]                Yes  No
3. Circuit diagrams available?                      [TRCR 35.10(d)]                Yes  No
4. Read-outs and controls "clearly identified  
and easily discernible"?                              [TRCR 35.8(a)]                Yes  No

5. Comments:

C. Use area survey and wipes of components:

If possible, survey all outer walls while accelerator is "on" to verify compliance with shielding requirements of [TRCR 35.7(a)].

Describe locations of all wipes taken.