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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**

ANA-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)

Texas Regulations [25 TAC §289.203(b)(1)(A)] Operating Procedures [25 TAC §289.203(b)(1)(C)]

RAM License [25 TAC §289.203(b)(1)(B)] Notice of violations [25 TAC §289.203(b)(1)(D)]
Amend #

Registration [25 TAC §289.203(b)(1)(B)] Notice to Employees [25 TAC §289.203(b)(3)]

Posted Properly? Yes (or) Notice of availability Posted? Yes

[25 TAC §289.203(b)(4)] No [25 TAC §289.203(b)(2)] No

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:

ANA-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:

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

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	Pocket Dosimeters	Yes <input type="checkbox"/>
Whole body _____ mr	_____ mr		No <input type="checkbox"/>
Extremity _____ mr	_____ mr	If yes, describe use and calibration method:	
Skin _____ mr	_____ mr		

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:

ANA-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:

ANA-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)

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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):		

ANA-7
(02/28/98)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

ANALYTICAL X-RAY UNIT

Registrant Name	Registration No.	Inspection Date
I. X-ray ID	Serial No.	
Type of Use:	Date Installed	

II. Operator Training

- A. Have all operators received training, and demonstrated competence concerning safe usage as described in [TRCR 34.6]? Yes No
- B. Are operating and safety procedures available? [TRCR 34.5(a)] Yes No
- C. Do all operators have written approval from RSO? [TRCR 34.5(a)] Yes No
- D. Are records concerning A and C (above) in order? Yes No
- E. Comments:

III. Survey Records [TRCR 34.4(b)]

Have surveys been performed prior to initial start-up, after component rearrangement, after any maintenance or realignment, and after any significant increase of personal exposures? Yes No

Comments:

IV. Posting and Labeling

- A. Room posted "Caution, X-ray Equipment:?" [TRCR 34.4(c)] Yes No
- B. Control panel labeled "Caution...."? [TRCR 34.3(d)(2)] Yes No
- C. Warning light labels "x-ray on" by any switch which energizes any x-ray tube? [TRCR 34.3(f)] Yes No
- D. Tube housing labeled "Caution, High Intensity X-ray Beam"? [TRCR 34.3(d)(1)] Yes No
- E. Comments:

ANA-8
(02/28/98)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

ANALYTICAL X-RAY UNIT (CONTINUED)

Registrant Name	Registration No.	Inspection Date
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V. Open-Beam Configuration Units

whole body or extremity exposure possible as defined by [TRCR 34.2(e)] N/A

A. Is unit equipped with a functional shut-off device designed to minimize exposures if the primary beam is intercepted? [TRCR 34.3(a)] Yes No

1. Is unit exempted from this requirement? Yes No

2. If answers to both A and A1 (above) is "No", are operators provided with finger dosimeters? [TRCR 34.6(b)(1)] Yes No

B. Additional Warning Devices and Labeling:

1. Is unit equipped with shutters? Yes No

If "yes", is collimator or coupling required before shutter can be opened? [TRCR 34.3(e)] Yes No
(only required if unit was installed after 10/14/77)

2. Shutter status (open/closed) indicator? [TRCR 34.3(b)(2)] Yes No

3. X-ray tube status (on/off) indicator? [TRCR 34.3(b)(1)] Yes No

4. Do all safety devices and warning lights have "fail safe" characteristics? [TRCR 34.3(b)] Yes No
(only required if unit or device(s) are installed after 12/14/77)

5. Comments:

VI. Inspector's Survey and Safety Check