

Inspection Date

INSPECTION REPORT

(Use this form for inspections only)

Compliance No. =>

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Name and Address of Licensee/Registrant	Lic/Reg No.:
	Site No.:
Address of Inspection	Expiration Date:
	Inspection Region:
	Category Code:
	Use Code:
	Type of Use:
Inspection Notice to (Name, Title, Address)	Type of Inspection <input type="checkbox"/> Announced <input type="checkbox"/> Field <input type="checkbox"/> Unannounced
	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**

LIC-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:

LIC-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:

LIC-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:

LIC-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:

LIC-6
(02/16/99)

TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control

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 <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| B. High Radiation Areas | [25 TAC §289.202(aa)(2)] | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| C. Airborne Radioactivity Areas | [25 TAC §289.202(aa)(4)] | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| D. Storage Areas | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

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:

SUR
(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):		

