

COV
(07/28/98)

TEXAS DEPARTMENT OF HEALTH

Inspection Date

(Use this form for inspections only)

Compliance No. =>

		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	
Copy of Inspection Notice to (Name, Title, Address)		Radiation Safety Officer	
		RSO Phone No.	
Telephone No.		Accompanying Inspector(s)	
Inspector:		Reviewed by:	
Report Date:		Date Reviewed:	

Inspection Findings: **Items of Noncompliance**

CAB-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:

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(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	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:

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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:

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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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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):		

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TEXAS DEPARTMENT OF HEALTH
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CERTIFIED CABINET X-RAY

Registrant Name	Registration No.	Inspection Date
Manufacturer:	Model:	Serial Number:

A. Records

1. Training - Procedures & Instructions? [TRCR 31.45(c)(1)] Yes No
2. Interlock test records maintained? [TRCR 31.45(c)(2)] Yes No
3. Control panel labeled? [25 TAC §289.202(cc)(3)] Yes No

B. Annual Evaluation – 21 CFR 1020.40 [TRCR 31.45(c)(3)]
(Registrant may or may not be tied to 31.45(c)(3))

1. Emission limit less than 0.5 mr/hr? Yes No
2. Permanent floor? Yes No
3. Not possible to insert body through port? N/A Yes No
4. Two interlocks on door?
a. Bayonet type, disconnect high voltage? Yes No
b. Cam/microswitch, series with high voltage? Yes No
5. Panel interlock, one of any type? N/A Yes No
6. No ground faults? Yes No
7. Controls
a. Not possible to operate without key? Yes No
b. Control other than main power or interlock? Yes No
8. Indicators
a. Two independent indicators? Yes No
b. On only when x-ray on? Yes No
c. Only one is ammeter? Yes No
d. Other labeled "x-ray on"? Yes No
e. Visible at all access points? Yes No
9. Warning labels
a. Control panel? Yes No
b. Ports? N/A Yes No
10. Operating instructions available? Yes No

C. Survey & interlock check by inspector using survey instrument:

Manufacturer Model: Serial Number: Calibrated:

1. Survey of cabinet _____ mr/hr. 2. Interlock check satisfactory? Yes No