

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.: 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**

RAD-1
(02/16/99)

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)

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:

RAD-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, **TRCR 31.54(a): Quarterly audits performed.** Yes No

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 _____

[Radiography TRCR 31.30]

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: **[Radiography TRCR 31.30]**

TRCR 31.30(b)(8) – Badges returned within 14 days for processing. Yes No
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

TRCR 31.30(b): Alarming ratemeter used except for permanent installations. Yes No

Comments:

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(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.) **[Radiography: TRCR 31.55, Lockout survey 31.55(d)]**

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)] **[Radiography TRCR 31.5]**

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

TRCR 31.5: Range 2mr – 1 R.

Yes No

B. Instruments available:

Make	Model	Serial Number	Range	Calibration Date(s)

Check here if list is continued elsewhere in the report.

TRCR 31.56: Annual survey of permanent installation for restricted & unrestricted.

Yes No N/A

TRCR 31.5(d): Survey instrument checked beginning of each work shift.

Yes No

TRCR 31.35(a)(1): One survey instrument per source at job site.

Yes No

TRCR 31.9(b): Daily check of high radiation area controls.

Yes No N/A

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(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.) **[Radiography: TRCR 31.6] [Manufacturer, model, serial number, radionuclide, activity, location, date, and name. Three month interval.]**
- II. Inspection and Maintenance **[Radiography: TRCR 31.8] Three 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.) **[Radiography: TRCR 31.7]**
- 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 **[Radiography: TRCR 31.41 & 31.52]**
- B. Storage Containers (watch exemptions)
- C. Transport Containers (determine if used in transport)
- D. Sealed Sources and others: **[Radiography: TRCR 31.53(c)(4)]**

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

V. Source/container design criteria (do they comply?) **[Radiography: TRCR 31.53]**

VI. Operations:

A. In-house:

B. Field:

TRCR 31.53(d): Name and City on side of vehicle. Yes No

Comments:

INDUSTRIAL RADIOGRAPHY CAMERA INSPECTION

Licensee/Registrant Name				License/Reg No.		Inspection Date	
Isotope							
Camera Mfg.							
Camera Model							
Camera S/N							
Source Model							
Source S/N							
Camera Label							
Source Label							
CRM Label							
Company Label							
Dust Covers							
Survey mr/hr							
Wipe Results							

Surveys:	Ir-192	@ 50mm (~2") < 50 mR/hr	@ 1 m (~39") < 2mR/hr	@ Surface , 200 mR/hr
	Co-60	@ 50mm (~2") < 100 mR/hr	@ 1 m (~39") < 5mR/hr	@ Surface , 200 mR/hr

Isotope							
Camera Mfg.							
Camera Model							
Camera S/N							
Source Model							
Source S/N							
Camera Label							
Source Label							
CRM Label							
Company Label							
Dust Covers							
Survey mr/hr							
Wipe Results							

Industrial Radiography Additional Physical Inspection

1. Use of collimators

[TRCR 31.54(c)]

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):		

