

Inspection Date

INSPECTION REPORT

(Use this form for inspections only)

Compliance No. =>

|  |
|--|
|  |
|--|

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

IRCAB-1  
(02/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

PROGRAM AND MANAGEMENT REVIEW

| Licensee/Registrant Name | License/Reg No. | Inspection Date |
|--------------------------|-----------------|-----------------|
|--------------------------|-----------------|-----------------|

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:

IRCAB-2  
(02/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

TRAINING AND PERSONNEL MONITORING

| Licensee/Registrant Name | License/Reg No. | Inspection Date |
|--------------------------|-----------------|-----------------|
|--------------------------|-----------------|-----------------|

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 31.43(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 |
|--------------------------|-----------------|-----------------|

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:

RADIATION SURVEYS

|                          |                 |                 |
|--------------------------|-----------------|-----------------|
| Licensee/Registrant Name | License/Reg No. | Inspection Date |
|--------------------------|-----------------|-----------------|

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 31.44]**

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

IRCAB-5  
(02/16/99)

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

RADIATION SOURCE CONTROLS

| Licensee/Registrant Name | License/Reg No. | Inspection Date |
|--------------------------|-----------------|-----------------|
|--------------------------|-----------------|-----------------|

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 |
|--------------------------|-----------------|-----------------|
|--------------------------|-----------------|-----------------|

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]**
- 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):<br><p style="text-align: center;">INSPECTOR RADIATION SURVEY RESULTS</p> Instrument Mfg.: _____ Serial No.: _____ Calibration Date: _____<br>Survey of: _____<br>Surveyor: _____ |                 |                 |
| Sketch and Survey Results (show sources, location, posting, security, and other controls):  |                 |                 |



TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control

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