

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**

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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)

25 TAC §289.252(f)(1)(D)(ii): Committee includes each specialty (Broad) Yes No

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)] | <input type="checkbox"/> Notice of violations [25 TAC §289.203(b)(1)(D)] |
| Amend # | |
| <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 (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:

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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

[25 TAC §289.202(o)]: Survey of unrestricted area performed. Yes No

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.

VII. Dose Calibrator

A. What calibration interval is required by procedures?

B. At what interval is it performed?

C. Dates of Calibration:

Accuracy	Linearity	Constancy	Geometry

Mfg.	Model	S/N	Accuracy	Linearity	Geometry

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.)

[25 TAC §289.252(f)(2)(E)(ii)]: Six month inventory of calibration sources. Yes No

[25 TAC §289.256(b)(1)]: Six month inventory of brachytherapy sources. Yes No

[25 TAC §289.252(f)(2)(D)(iv)]: Calibration sources greater than 6 mCi Yes No

II. Radiation Source Receipt/Transfer Records [25 TAC §289.201(d)(1)]: (Describe method, records)

III. Radiation Source Use Records [lic/reg condition] (Describe method, records, address, out of state use - include reciprocity.)

IV. 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)]

V. 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)

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):		

