

Radiology Compliance Branch
RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Medical Radiation Protection Program / Written Safety Procedures Assessment Tool

Facility Name:	Registration #:
Inspector Name:	
The website www.ncradiation.net has Reference Guides For Facilities and additional resources regarding information contained in this document.	
Date of 1st Review: by	Date of 2nd Review: by

YES	NO	NA	RADIATION PROTECTION PROGRAM	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARA (As Low As Reasonably Achievable): Procedures & engineering controls used to achieve occupational doses & dose to the members of the public may include, but are not limited to, the following [.1603(b)] Are closure of doors or controlling hallways to prevent unnecessary exposure identified? <input type="checkbox"/> Are additional procedures or controls specific to the facility described?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Dose Exceeds 100 mrem (Effective date 1/1/14) Details of how individuals are notified if occupational dose exceeds 1 mSv (100 mrem) TEDE or 1 mSv (100 mrem) to any individual organ or tissue [.1004] (effective 1/1/14)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Dose Limits Stated [.1604(a)(1)] <input type="checkbox"/> 5 rems (.05 Sv), total effective dose, to the whole body <input type="checkbox"/> 15 rems (0.15 Sv), eye dose equivalent, to the lens of the eye <input type="checkbox"/> 50 rems (.50) shallow dose equivalent, to the skin and / or any extremity	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Year Exposure Combined: [.1604(f)] Explanation for combining dose if operator works at multiple facilities during the year?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dose Limits to Embryo/Fetus Stated:[.1610] [.1614(1)(c)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Declared Pregnancy Policy [.1610] [.1614(1)(c)] [.1640(f)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring of Occupational Dose [.1614] Providing of monitoring badges to operators documented. <input type="checkbox"/> If operators not monitored, is it documented how facility met compliance to regs. <input type="checkbox"/> Frequency of exchanging badges <input type="checkbox"/> Storage of control and personnel <input type="checkbox"/> Is there a description of process of acquiring prior occupational dose for new workers? [.1638(a)(1)&(2)] <input type="checkbox"/> Is the length of time facility is maintaining exposure records identified? [.1640(a)(1)&(g)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unit Security [.1622] Equipment control measures in place to prevent unauthorized use or device removal from facility's registered physical location.	
			Exceeding Exposure Limits	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is when to report exceeding dose limits described? [.1647(a)(2)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is how data, on the affected person, reported to both the individual and Radiation Protection outlined. [.1647(b)&(c)] [.1647(d)&(e)] [.0111] <input type="checkbox"/> Estimated dose <input type="checkbox"/> Cause of elevated exposure <input type="checkbox"/> Corrective Action <input type="checkbox"/> Name <input type="checkbox"/> Last 4 of SS# and/or Identifier <input type="checkbox"/> Date of Birth	
YES	NO	NA	WRITTEN SAFETY PROCEDURES	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Safety Procedures (WSP) [.0603(a)(1)(D)] Are the Written Safety Procedures made available to the operators described?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Support for patients and/or film [.0603(a)(1)(H)] Are types of auxiliary support for patients and/or film used during an exposure described in the procedures? <input type="checkbox"/> Are requirements for selecting a mechanical holding device detailed in the procedures? [.0603(a)(1)(H)(i)] <input type="checkbox"/> Are instructions provided to the human holder indicated in the procedures? [.0603(a)(1)(H)(ii)&(iii)] <input type="checkbox"/> Is the criteria for selecting a human holder identified? [.0603(a)(1)(H)(iv)]	

RECOMMENDED	RECOMMENDATIONS TO INCLUDE IN PROCEDURES (Items marked with an "X" are recommended to be added to the program)	DESCRIPTION
<input type="checkbox"/>	Personnel Training Policy [.0603(a)(1)(B)] Education requirements specified. <i>Statement of registration or certification is sufficient.</i> OR <input type="checkbox"/> Unregistered or uncertified operators training detailed. <input type="checkbox"/> Qualifications of the trainer <input type="checkbox"/> Individuals trained <input type="checkbox"/> Topics covered	OR
<input type="checkbox"/>	Technique Chart [.0603(a)(1)(C)] Method of selecting exposure techniques for the different body sizes & exams described. <i>If more than one method or type of unit is used, explain each.</i> <input type="checkbox"/> Technique chart <input type="checkbox"/> Pre-programmed units <input type="checkbox"/> AEC units	
<input type="checkbox"/>	Requirements for persons allowed in room during the exposures other than the patient during exposures <input type="checkbox"/> Professional staff [.0603(a)(1)(E)(i)&(ii)][.0603(a)(1)(J)][.1614] <input type="checkbox"/> Non-occupationally exposed staff and or ancillary personnel [.0603(a)(1)(E)(i),(ii)&(iv)]	
<input type="checkbox"/>	Gonad and or Lead Shielding [.0603(a)(1)(F)][.0603(a)(1)(I)] Is how and when shielding is to be used on patients described?	
<input type="checkbox"/>	Ordering of Examinations and "Re-takes" [.0603(a)(1)(G)] Is who can order X-rays and "re-takes" defined?	
<input type="checkbox"/>	Procedures Performed & Auxiliary Equipment used to minimize patient and personnel exposure to include, but not limited to, the following requirements [.0603(a)(1)(I)] Is the facility using the fastest film speed and screen/film combination consistent with the diagnostic objective of the exams performed? [.0603(a)(1)(I)(i)]	
<input type="checkbox"/>	<input type="checkbox"/> CR (Computed Radiography) <input type="checkbox"/> DR (Digital Radiography) Any procedures or equipment specific to minimize radiation exposures to the patient described. <i>One example of this for a digital unit is to monitor the exposure index, after making an exposure, to ensure it is within the range for the particular body part X-rayed established by the manufacture of the equipment. [.0603(a)(1)(I)(ii)]</i> <input type="checkbox"/> Patient pregnancy policy: <input type="checkbox"/> How is pregnancy determined <input type="checkbox"/> Precautions taken if pt. pregnant	

RECOMMENDED	RECOMMENDATIONS TO INCLUDE IN PROCEDURES (Items marked with an "X" are recommended to be added to the program)	DESCRIPTION
<input type="checkbox"/>	Are additional procedures or equipment used to minimize exposure that are specific to the facility described?	
<input type="checkbox"/> <input type="checkbox"/>	Mobile/Portable Exams Use of mobile units described. [.0603(a)(1)(I)(iii)] Shielding or moving patient unable to leave room during exposures outlined [.0603(a)(1)(E)(iii)]	
<input type="checkbox"/>	Visual Contact of patient [.0604(b)(1)(C)] Operator maintaining visual contact of the patient during an exposure described. <i>(Dental- Include Pan, CT, Tomography or Cephalometric units)</i>	
<input type="checkbox"/>	Operator Location during exposure [Medical-.0606(b)(2)(B)(i)] [Dental-.0607(e)(2)(A)]	
<input type="checkbox"/>	Visual Indicators & Audible Signal [Medical-.0606(b)(2)(B)(ii)] [Dental-.0607(e)(3)] Operator able to observe the indicator and signal at or from the protective barrier described. <i>Explanation to the operator of what steps to take in the event either the audible or the visual indicator is not working.</i>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Veterinary Facilities Operator location in relation to the useful beam & animal during radiographic exposures described [.0610(c)(1)] Individuals allowed in room during exposures detailed [.0610(c)(2)] Use of Mechanical supporting devices describe. [.0610(c)(3)] If operator must be in room, description of shielding devices used and positioning of the individuals body during the exposure [.0610(c)(3)]	
<input type="checkbox"/>	Radiation Protection Section's Regulations <i>(Effective date 1/1/15)</i> Previously in the Code under Title 15A, Environment and Natural Resources were changed to Title 10A, Health and Human Services. Rule extension numbers will not be changed, 15A NCAC 11 is now 10A NCAC 15 . Please update any forms or policy statements in facility documents to reflect the change.	
<input type="checkbox"/>	All references to "Radioactive Material", "Source Material", Department of Environmental and Natural Resources (DENR), or "Division" removed Contact information is: Radiation Protection 1645 Mail Service Center Raleigh, NC 27699-1600 919-814-2250	