

Radiology Compliance Branch

RADIATION PROTECTION SECTION



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

INDUSTRIAL ASSESSMENT TOOL (GAUGE & OTHERS...)

Facility Name:	Registration #:
Inspector Name:	
The website radiation.ncdhhs.gov has Reference Guides For Facilities and additional resources to assist facilities.	
Date of 1st Review: by	Date of 2nd Review: by
An <input type="checkbox"/> in the NO column indicates a deficiency. Include corrections in the safety procedures and submit to inspector.	

Y E S	N O	NA	ITEMS INCLUDED IN RADIATION PROTECTION PROGRAM	DESCRIPTION OF DEFICIENCY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Protection Program Title Facility name and address identified in the Radiation Protection program. [.0203(b)(1)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety Officer (RSO) RSO at the facility named to include training and experience. [.0203(b)(3)]; [.0207(1)] <input type="checkbox"/> Duties and responsibilities of RSO outlined. [.0104(112)]; [.207(2),(3)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post or Identify Location and Retention for the following required documents: <input type="checkbox"/> Operating procedures [1002(a)(3)] <input type="checkbox"/> Records of Training(initial & refresher) [.1003] <input type="checkbox"/> N.C. Regulation Book [.1002(a)(1)] <input type="checkbox"/> Waivers on file (if applicable) [.0108(a)] <input type="checkbox"/> Current Notice of Registration [.1002(a)(2)]; [.0203(a)(1)]; [.0209] <input type="checkbox"/> Notice to Employees [.1002(c)] <input type="checkbox"/> Radiation Protection Program [.1603(a)]; [.1636] <input type="checkbox"/> Annual RSO review of Radiation Protection Program content and implementation [.1603(c)]; [.1636(a)(b)] <input type="checkbox"/> Initial Survey and calibration records [1637(a)]; [.1637(b)(1)] <input type="checkbox"/> Records/Reports of Individual Monitoring [.1640(a)(b)]; [.1649] RECOMMENDED: <input type="checkbox"/> Manufacturer's Manual (technical, safety and maintenance schedule) <input type="checkbox"/> Previous inspection reports and letters of correspondence	

YES	NO	NA	ITEMS INCLUDED IN RADIATION PROTECTION PROGRAM	DESCRIPTION OF DEFICIENCY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Worker Instruction and Training [.1002(3)] <input type="checkbox"/> Copy of operating procedures provided to the operator. [.1003] <input type="checkbox"/> Health protection problems associated with exposure to radiation. <input type="checkbox"/> Precautions or procedures to minimize exposure. <input type="checkbox"/> Purposes and functions of all protective devices employed. <input type="checkbox"/> Instructed in, within the worker's control, the applicable provisions of this Chapter. <input type="checkbox"/> Instructed to report promptly to the licensee or registrant any condition which may lead to or cause a violation of rules in this Chapter. <input type="checkbox"/> Instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation. <i>The extent of these instructions shall be commensurate with potential radiological health protection problems in the restricted area.</i></p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Unit Security [.1622] <input type="checkbox"/> Equipment control measures in place to prevent unauthorized use or device removal from facility's registered physical location. <input type="checkbox"/> Key or password control measures.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Equipment Safety Measures <input type="checkbox"/> Ports and/or apertures control of access to primary beam <input type="checkbox"/> Safety Interlocks <input type="checkbox"/> Key actuated control</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Warning Labels / Lights Proper location and verbiage of warning label described: <input type="checkbox"/> Warning label at any control. <input type="checkbox"/> Warning label adjacent to each port or opening. <input type="checkbox"/> Indicators visible from all work locations. <input type="checkbox"/> Indicators described (e.g. red, amber and/or green operational lamps).</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Surveys Conditions requiring a survey for cabinet x-ray units described: <input type="checkbox"/> Initial survey [.1613]; [.1617(a)]; [.1637(b)(1)] <input type="checkbox"/> Survey following change in initial arrangement of equipment. <input type="checkbox"/> Survey following maintenance requiring assembly or removal of a major component.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Occupational Dose Limits Outlined [.1604(a)(1)]; [.1604(a)(2)] <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 or to each of the extremities.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Voluntary Declared Pregnancy Policy [.1610]; [.1614(1)(c)]; [.1640(f)] Employee and employer responsibilities upon declaration of pregnancy</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Monitoring of Occupational Dose [.1614] Providing monitoring badges to operators documented. <input type="checkbox"/> If operators not monitored, is it documented how facility met compliance to the regulations. <input type="checkbox"/> Frequency of exchanging badges <input type="checkbox"/> Storage of control and personnel badges described</p>	

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior occupational dose for new workers acquired. [.1638(a)(1)&(2)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Length of time facility is maintaining exposure records identified. [.1640(a)(1)&(g)] Registrant's responsibility to inform workers of radiation dose. 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 (effective 1/1/14) [.1004(b)] [.1004(b)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notification of Incidents / Radiation Exceeding the Limits Exceeding dose limits or threatens to cause described. [.1646(a)]; [.1647(a)(2)] Loss of control of any source of radiation required action. [.1646(b)] Data on the affected person outlined. [.1646(c)]; [.1647(b)&(c)] <input type="checkbox"/> Estimated dose <input type="checkbox"/> Cause of elevated exposure <input type="checkbox"/> Corrective Action <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> last 4 digits of social security number and/or employee identifier Individuals' notification documented. [1647(e)] Agency notification documented. [.1646(d)]; [.1647(d)]; [.0111]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All references to "Radioactive Material", "Source Material", DENR, or "Division" removed.	