

**RADIATION LABORATORY INSPECTION**

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| **PERMIT HOLDER:**  **­­­­­­­­­­­­­ Click or tap here to enter text.** | **BUILDING AND ROOM NUMBER:**  **Click or tap here to enter text.** |
| **PERMIT NUMBER:**  **Click or tap here to enter text.** | **DATE OF INSPECTION:**  **Click or tap to enter a date.** |
| **INSPECTOR:**  **Click or tap here to enter text.** |  |

**ROOM LOCKED AND SECURE:  YES  NO**

**RADIOISOTOPE PERMIT POSTED:  YES  NO**

**EMERGENCY CONTACTS POSTED:  YES  NO**

**TRAINING RECORDS AVAILABLE FOR**

**SOURCE USERS:  YES  NO**

**GOOD LAB PRACTICES OBSERVED:  YES  NO**

**(HAND WASHING, AREA IS TIDY, NO EVIDENCE**

**OF FOOD OR DRINKS, APPROPRIATE PPE IS**

**AVAILABLE)**

**SOURCE INVENTORY CURRENT:  YES  NO**

**APPROPRIATE SHIELDING AND/OR  YES  NO**

**VENTILATION IS USED:**

**SOURCES LOCKED AND SECURE:  YES  NO**

**INDIVIDUAL SOURCES IDENTIFIED**

**WITH RADIATION WARNING SIGN:  YES  NO**

**REQUIRED SIGNAGE POSTED:  YES  NO  N/A**

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| **Signs are required where >100 exemption quantities or effective dose rate > 25 μSv/h** |

**SURVEY METERS CALIBRATED:  YES  NO  N/A**

**Date of Last Calibration:** Click or tap here to enter text.

**DAILY INSTRUMENT CHECKS RECORDED:  YES  NO  N/A**

**PERSONAL DOSIMETERS WORN:  YES  NO  N/A**

**CONTAMINATION MONITORING PERFORMED:  YES  NO  N/A**

**(RECORDS ARE IN ORDER)**

**COMMENTS:**

Click or tap here to enter text.