

**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.