



Analytical X-Ray Equipment Inspection Report

A. PERMIT HOLDER AND EQUIPMENT INFORMATION

1. **Permit Number:**
2. **Name of Biosafety Permit Holder:**
3. **Revision Number:**
4. **Faculty:**
5. **Date:**
6. **RSO:** Francis Arnaldo

Equipment

7. **Building and Room#:**
8. **Manufacturer:**
9. **Type:**
10. **Model No:**
11. **Serial No:**
12. **Max kV:**
13. **Max mA:**

B. SIGNAGE AND POSTAGE REQUIREMENTS

Questions	Yes	No	N/A	Comments
Permit posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drawing approved by MOL posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List of authorized users, meters posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room X-ray sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-ray source sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contact emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Security

Questions	Yes	No	N/A	Comments
Access to X-ray source is controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unattended labs are locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unattended X-ray sources are locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D. SOPS AND MONITORINGS

Questions	Yes	No	N/A	Comments
Current SOPs are posted by the X-ray machine/sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-ray sources inspected by X-ray supervisor periodically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-ray source leakage checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E. SIGNAGE AND POSTAGE REQUIREMENTS

Questions	Yes	No	N/A	Comments
Appropriate shielding is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-ray machine key control used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X-ray tube ON warning light functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ON/OFF X-ray tube energized on control panel functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diaphragms, cones or collimators are provided if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Primary beam terminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unused port flap shutter installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cabinet/shield/sample interlocks have been installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interlocks are functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dose rate does not exceed 5 μ Gy/hr (0.5mR/hr) 5 cm from cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F. ADMINISTRATIVE CONTROLS

Questions	Yes	No	N/A	Comments
X-ray users/supervisors are trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TLD Badge worn/stored away from source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dosimetry records are available for badge wearers to view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE available and worn if necessary (lead apron/gloves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation Safety Manual is available to all users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Principal Investigator or designate available to supervise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes: