

APPENDIX H

RADIATION SAFETY PROGRAM AUDIT

UNIVERSITY OF NORTH FLORIDA RADIATION SAFETY PROGRAM

This audit is conducted, in part, to fulfill the requirements Chapter 391-3-17.03(4)(c), FAC for an annual review of the content and implementation of UNF=s Radiation Safety Program.

I. AUDIT HISTORY

Enter the date of the last audit, deficiencies identified and corrective actions taken.

A. Previous inspection date: _____

B. Violations Noted: Yes _____ No _____

B. List violation noted during last inspection and date of correction: _____

II. ORGANIZATION AND SCOPE OF PROGRAM

Briefly describe the organizational structure, noting any changes in personnel from the last audit. Describe the scope of licensed activities at the audited location. Check whether the RSO is the person identified in the license and fulfills the duties specified in the license.

III. EMPLOYEE TRAINING, RETRAINING AND INSTRUCTION

Ensure that employees have received the training required by Chapter 391-3-17.07(3), FAC. The initial training record should be on file. Note whether refresher training has been conducted annually. Ensure that all have read the Radiation Safety Program and a copy is available in the lab.

A. Initial training conducted by: _____

(1) Record of training on file for all AU=s and AA=s: Yes _____ No _____

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B. Date of Refresher training: _____ Training conducted by: _____

C. Topics Covered in training: _____

D. Results of interview and observation of training: _____

IV. INTERNAL AUDITS

Verify that audits fulfill the requirements of Chapter 391-3-17.03 (13), FAC.

A. ALARA program audit on file and current : Yes _____ No _____

B. Review of program oversight: Yes _____ No _____

V. FACILITIES

A. Permanent facilities as described in license: Yes _____ No _____

B. RAM used for licensed purposes: Yes _____ No _____

C. O&E posted as required: Yes _____ No _____

D. Radiation signs posted as required: Yes _____ No _____

IV. MATERIALS

Verify that the only authorized RAM are used and that the current inventory is on file. Ensure that gauges are maintained in accordance with requirements.

A. All licensed devices are used as required: Yes _____ No _____

B. RAM Inventory: Yes _____ No _____

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VIII. INVENTORIES

Verify that inventories are conducted at least once every 6 months and records are maintained per the Radiation Safety Program.

- A. Inventory of sealed and un sealed sources conducted biannually: Yes_____ No_____
- B. Inventory maintained as required: Yes_____ No_____
- C. Licensee=s RAM use agrees with license: Yes_____ No_____
- D. Records of inventories are maintained: Yes_____ No_____
- E. RAM container label complete and clearly visible: Yes_____ No_____

IX. RADIATION SURVEYS

Verify survey meters are in current calibration and calibration records are maintained on file.

- A. Survey meters are in calibration and records are on file: Yes_____ No_____
 - B. Survey meters calibrated by an approval vendor: Yes_____ No_____
- Vendor:_____
- C. All users have access to radiation survey meters: Yes_____ No_____
 - D. Calibration dates are current: Yes_____ No_____

Due Dates:_____

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X. RECEIPT AND TRANSFER OF RAM

Verify that gauges are received, packages are surveyed and opened in accordance with Chapter 391 3-17.02(19)(d), FAC. Verify survey, receipt and transfer records are maintained as required.

- A. Receipt and transfer records of sealed sources on file: Yes _____ No _____
- B. RAM receipt documentation on file: Yes _____ No _____
- C. Any RAM disposed of since last inspection: Yes _____ No _____
- D. Record of disposal on file: Yes _____ No _____

XI. PERSONNEL MONITORING (PM)

Evaluate the status of the dosimetry program and review dosimetry records.

- A. All exposed employees monitored as required: Yes _____ No _____
- B. Employees instructed in the proper use of PM devices: Yes _____ No _____
- C. PM vendor NVLAP certified: Yes _____ No _____

PM Vendor: _____

- D. PM exchange frequency as required by license: Yes _____ No _____
 - (1) PM exchange as required: Yes _____ No _____
- E. Dosimetry records on file as required: Yes _____ No _____
 - (1) PM records reviewed: Yes _____ No _____
- F. Occupational exposures within limits: Yes _____ No _____
- G. Employees furnished annual written PM reports: Yes _____ No _____
- H. Declared pregnant women provided fetal monitors: Yes _____ No _____
- I. Fetal monitored as required: Yes _____ No _____

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- (1) Training provided on fetal monitoring: Yes _____ No _____

XIII. MEMBERS OF THE PUBLIC (MOP)

Review the MOP program to ensure proper compliance.

A. MOP study on file as required: Yes _____ No _____

XIV. ALARA PROGRAM

Verify proper implementation of ALARA review by management as required.

A. ALARA program audit on file as required: Yes _____ No _____

(1) Program reviewed by RSRC: Yes _____ No _____

XV. NOTIFICATION AND REPORTS

Verify compliance with notification and reporting requirements in Chapter 391-3-17.03 (14), FAC.

A. Notification requirements met: Yes _____ No _____

B. Reporting requirements met: Yes _____ No _____

XVI. POSTING AND LABELING

Verify required documents are posted.

A. Radiation Safety Program: Yes _____ No _____

B. Notice of Violations, as appropriate: Yes _____ No _____

C. Lab entrance labeled with contact info: Yes _____ No _____

XVIII. PROBLEMS OR DEFICIENCIES NOTED

Note deficiencies observed during audit: _____

XIX. MANAGEMENT OVERVIEW

Evaluate management=s involvement=s with the radiation safety program, whether the RSO has sufficient time to perform duties. _____

XX. AUDITOR=S COMMENTS. RECOMMENDATIONS

A. Auditor _____ Date of Audit _____

Comments: _____

Auditor=s Signature: _____