

# APPENDIX H

<b>RADIATION SAFETY PROGRAM AUDIT</b>
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## 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: \_\_\_\_\_

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### 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.

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### 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: \_\_\_\_\_

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**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 with the radiation safety program, whether the RSO has sufficient time to perform duties. \_\_\_\_\_

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XX. AUDITOR'S COMMENTS. RECOMMENDATIONS

A. Auditor \_\_\_\_\_ Date of Audit \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Auditor=s Signature: \_\_\_\_\_