

North Carolina Department of Environment and Natural Resources
Division of Environmental Health
RADIATION PROTECTION SECTION
Radiology Compliance Branch
Radiation Safety Program Assessment Tool

Facility Name:			Registration #:	
Inspector Name:				
The website www.ncradiation.net has Reference Guides For Facilities and additional resources to assist facilities.				
Date of 1st Review: by		Date of 2nd Review: by		
		Date of 3rd Review: by		
An <input checked="" type="checkbox"/> in the NO column indicates a deficiency. Include corrections in the safety procedures and submit to inspector.				
Y E S	N O	NA	ITEMS INCLUDED IN SAFETY PROGRAM	DESCRIPTION OF DEFICIENCY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Program Title	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility named in the safety procedures.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Words removed pertaining to "Division" or "Radioactive Materials".	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety Officer (RSO)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RSO at the facility named. [.0203(b)(2)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duties and responsibilities of RSO outlined.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location and Retention specified for the following required documents:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan Review and Letter of Acknowledgement [.0603(a)(2)(A)] [.0603(b)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Notice of Registration [.0603(a)(2)(A)] [.0209]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post Installation Survey (not required for intra-oral units) [.0603(a)(2)(B)] [.0603(c)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FDA 2579 form [.0115]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NC Regulation Book [.1002(a)(1)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notice to Employees [.1002(c)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Safety Procedures [.0603(a)(1)(D)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of Written Safety Procedures (annually and when changes to activities or procedures are made) [.1603(c)][.1636(a)(2)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel Training Policy [.0603(a)(1)(B)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education requirements specified. <i>Statement of registration or certification is sufficient.</i>	
			OR	OR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training of unregistered or uncertified operators described. <input type="checkbox"/> Name & qualifications of the trainer <input type="checkbox"/> Name of individuals trained <input type="checkbox"/> Topics covered	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technique Chart [.0603(a)(1)(C)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method of selecting exposure techniques for the different body sizes & exams described. <i>If more than one method or type of unit is used, explain each.</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Technique chart <input type="checkbox"/> Pre-programmed units <input type="checkbox"/> AEC units	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Safety Program (WSP) [.0603(a)(1)(D)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it specified how the WSP is made available to the operators.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Persons allowed in room during the exposures other than the patient during exposures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional staff [.0603(a)(1)(E)(i)&(ii)] [.0603(a)(1)(J)] [.1614]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-occupationally exposed staff and or ancillary personnel [.0603(a)(1)(E)(i),(ii)&(iv)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gonad and or Lead Shielding [.0603(a)(1)(F)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How and when shielding is to be used on patients described?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ordering of Examinations and "Re-takes" [.0603(a)(1)(G)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who can order x-rays and "re-takes" described.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Support for patients and/or film during an exposure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of mechanical holding devices described. [.0603(a)(1)(H)(i)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructions provided to the human holding a patient outlined. [.0603(a)(1)(H)(ii)&(iii)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criteria for selecting a human holder described. [.0603(a)(1)(H)(iv)]	

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedures Performed & Auxiliary Equipment used to minimize patient and personnel exposure to include, but not limited to, the following requirements [.0603(a)(1)(I)] <input type="checkbox"/> Film speed or screen and film combination used for exams described. [.0603(a)(1)(I)(i)] <input type="checkbox"/> Any procedures or equipment specific to minimize radiation exposures to the patient described. <i>One example of this for a digital unit is to monitor the exposure index, after making an exposure, to ensure it is within the range for the particular body part x-rayed established by the manufacture of the equipment. [.0603(a)(1)(I)(ii)]</i> <input type="checkbox"/> Patient pregnancy policy: <input type="checkbox"/> How is pregnancy determined <input type="checkbox"/> Precautions taken if pt. pregnant <input type="checkbox"/> Additional procedures or equipment specific to the facility to minimize exposure described.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile/Portable Exams <input type="checkbox"/> Use of mobile units outlined. [.0603(a)(1)(I)(iii)] <input type="checkbox"/> Shielding or moving patient unable to leave room during exposures outlined [.0603(a)(1)(E)(iii)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual Contact of patient [.0604(b)(1)(C)] <input type="checkbox"/> Operator maintaining visual contact of the patient during an exposure described. <i>(Dental- Include Pan, CT, Tomography or Cephalometric units)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator Location described. [Medical-.0606(b)(2)(B)(i)] [Dental-.0607(e)(2)(A)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual Indicators & Audible Signal [Medical-.0606(b)(2)(B)(ii)] [Dental-.0607(e)(3)] <input type="checkbox"/> Operator able to observe the indicator and signal at or from the protective barrier described.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARA (As Low As Reasonably Achievable): Procedures & engineering controls used to achieve occupational doses & dose to the members of the public may include, but are not limited to, the following [.1603(b)] <input type="checkbox"/> Closure of doors or controlling hallways to prevent unnecessary exposure identified. <input type="checkbox"/> Additional procedures or controls used that are specific to the facility described.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Dose Limits outlined [.1604(a)(1)] <input type="checkbox"/> 5 rems (.05 Sv), total effective dose, to the whole body <input type="checkbox"/> 15 rems (0.15 Sv), eye dose equivalent, to the lens of the eye <input type="checkbox"/> 50 rems (.50) shallow dose equivalent, to the skin of any extremity	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Declared Pregnancy Policy [.1610] [.1614(1)(c)] [.1640(f)] <input type="checkbox"/> Employee and employer responsibilities upon declaration of pregnancy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring of Occupational Dose [.1614] <input type="checkbox"/> Providing monitoring badges to operators documented. <input type="checkbox"/> <i>If operators not monitored, is it documented how facility met compliance to the regulations.</i> <input type="checkbox"/> Frequency of exchanging badges <input type="checkbox"/> Storage of control and personnel badges described <input type="checkbox"/> Prior occupational dose for new workers acquired. [.1638(a)(1)&(2)] <input type="checkbox"/> Length of time facility is maintaining exposure records identified. [.1640(a)(1)&(g)]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Exposure Limits <input type="checkbox"/> When to report exceeding dose limits described [.1647(a)(2)] <input type="checkbox"/> Data on the affected person outlined. [.1647(b)&(c)] <input type="checkbox"/> Estimated dose <input type="checkbox"/> Cause of elevated exposure <input type="checkbox"/> Corrective Action <input type="checkbox"/> Name <input type="checkbox"/> Social security number <input type="checkbox"/> Date of birth <input type="checkbox"/> Individuals and /or agencies to notify documented. [.1647(d)&(e)] [.0111]	