



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

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Registrant Name

For additional resources visit www.ncradiation.net

Our website has reference guides to help address some of these topics: [Reference Guides For Facilities](#)

ITEM OBSERVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DESCRIPTION OF DEFICIENCY
Safety Program Title Name of the facility's Safety Program Content of Safety Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Name of facility Remove all words pertaining to "model guide" or "sample set"
Radiation Safety Officer Named in program [.0203(b)(2)] RSO Duties and responsibilities outlined [.0203(b)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Name of RSO in the facility Describe RSO Duties & responsibilities in the facility
Retention of records [.0603(a)(2)(A)] Current registration Plan Reviews Letter of Acknowledgement Post Installation Survey (not required for intraoral or Panoramic units) FDA 2579 form/s	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe retention policy (how long do you keep the documents) for all records listed
Changes in Notification [.0209]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe the procedures if changes occur that render the registration no longer accurate
Location for the following items:(Recommendation Only) Notice to Employees [.1002(c)] NC Regulation Book [.1002(a)(1)] Plan Review [.0603(a)(2)(A)] Post Installation Survey [.0603(a)(2)(B)] (not required for intraoral or Panoramic units) Notice of Registration [.0603(a)(2)(A)] Written Safety Program [.0603(a)(1)(D)] Annual review by ALL operators (at least annually and/or when changes are made) [.1603(c)] [.1636(a)(2)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe where all items are located in the facility



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Training or education requirements for Authorized Users of x-ray equipment. [.0603(a)(1)(B)] If operators are certified or registered list name of certifying body <b style="color: red;">OR If operators are not certified or registered describe training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Education requirements not named Statement that all radiation operators will be certified <input type="checkbox"/> Training not outlined 1. Name & qualifications of the trainer 2. Name of person's trained 3. Topics covered
Location of the operator during exposures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe location of operator during exposures.
Technique Chart [.0603(a)(1)(C)] Procedures for selecting exposure techniques	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe procedures for selecting exposure techniques
Persons allowed in room during the exam [.0603(a)(1)(E)] Requirement for professional staff [.0603(a)(1)(E)(ii)] [.0603(a)(1)(J)] [.1614] Non professional or ancillary staff [.0603(a)(1)(E)(iv)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe requirements for persons who might hold patients or be required to be in the room during exposures Professional Staff Non-Professional or ancillary staff
Gonadal / lead shielding [.0603(a)(1)(F)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe the use of the Gonadal and/or lead shielding : Patient Personnel
Ordering of examinations and “re-takes” [.0603(a)(1)(G)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe who can order x-ray exams and re-takes in the facility.
Auxiliary support for patients and/or film during [.0603(a)(1)(H)] Mechanical restraining devices for patients Requirements for selecting a human holder Training for a human holding animals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe training for using mechanical restraining devices Describe the requirements for selecting a human holder Describe the training for a human holding a patient during radiograph
<b style="color: red;">*Reference Guide Pregnancy ALARA [.0603(a)(1)(I)] [.1603(b)] Personnel voluntary declared pregnancy policy [.1610][.1640(f)] Measures taken to keep exposure to a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe Personnel Pregnancy Policy Describe the method for assuring minimum exposure to the patient



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ITEM OBSERVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DESCRIPTION OF DEFICIENCY
Mobile/Portable Exams Use of mobile [.0603(a)(1)(I)(iii)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe the use of mobile equipment
Closure of doors (if applicable) [.0604(b)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe the closing of doors to x-ray rooms and dark rooms that lead into the x-ray room.
Visual contact with patient (if applicable) [.0604(b)(1)(C)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dental- Describe visual contact with patient during Pan, CT, Tomography or Cephalometric procedures.
Visual and audible indication [Dental-.0607(e)(3)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Describe method of seeing and hearing the exposure terminate
Additional radiation safety activities (if applicable) [.0603(a)] [.1603(a)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Address anything unique to the facility in the safety program procedures Address anything the facility is doing for safety of personnel, patients, or public in the safety program



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ITEM OBSERVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DESCRIPTION OF DEFICIENCY
<p>General Public *Reference Guide Dose Limits</p> <p>Dose limits for general public [.1611]</p> <p>Rule .1641 Records of Dose to Individual Members of the Public</p> <p>(a) Each licensee or registrant shall maintain records sufficient to demonstrate compliance with dose limit for individual members of the public required by Rule .1611. These records may include such things as survey results, personnel monitoring results, calculations and other documents pertaining to the determination of doses to individual members of the public.</p> <p>(b) The licensee or registrant shall retain the records required by paragraph (a) of this rule until the agency terminates each pertinent license or registration requiring the record.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Describe how the dose to the general public is being met</p>
<p>Exceeding limits *Reference Guide Dose Limits</p> <p>Reporting of exceeding limits [.1647]</p> <p>Information to be reported [.1647(a)(3)(b&(c))</p> <ul style="list-style-type: none"> - Name of person, social security number, date of birth and dose amount - What caused the exposure - What steps have been taken to prevent this from happening in the future <p>Notification of appropriate entities [.1647(d) &(e)] [.0111]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Describe steps taken if exposure policy is exceeded</p> <p>Describe information to be reported</p> <p>Describe who to notify in the event of exceeding limits</p>
<p>QC and QA procedures (Recommendation Only) .1603(a) [.06039A0(1)(I)]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>Describe all items under the modalities that pertain to the facility</p>