

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	
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**For additional resources visit [www.ncradiation.net](http://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 (if applicable) 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 (if applicable) [.0603(a)(2)(B)] 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
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</b>  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



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ITEM OBSERVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DESCRIPTION OF DEFICIENCY
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>*Reference Guide Pregnancy</b>  ALARA [.0603(a)(1)(I)] [.1603(b)]  Personnel voluntary declared pregnancy policy [.1610][.1640(f)]  Screen film combinations to minimize patient exposure  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  <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 Patient Pregnancy Policy  Describe screen film combinations  Describe the method for assuring minimum exposure to the patient
Mobile/Portable Exams  Use of mobile [.0603(a)(1)(I)(iii)] Shielding of patients not being examined [0603(a)(1)(E)(iii) &(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 the use of mobile equipment  Describe shielding of personnel and any other person in the area
Closure of doors (if applicable) [.0604(b)]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Medical - 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	Medical - Describe visual contact with the patient

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ITEM OBSERVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DESCRIPTION OF DEFICIENCY
Visual and audible indication [Medical-.0606(b)(2)(B)(ii)] [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



ITEM OBSERVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DESCRIPTION OF DEFICIENCY
<p>General Public    <b>*Reference Guide Dose Limits</b></p> <p>Dose limits for general public [.1611]</p> <p>Ensuring compliance of dose to public [.1612]</p> <p><b>Rule .1641 Records of Dose to Individual Members of the Public</b></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 <b>Rule .1611</b>. 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>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>	<p>Describe how the dose to the general public is being met</p> <p>Describe method of ensuring compliance</p>
<p>Exceeding limits    <b>*Reference Guide Dose Limits</b></p> <p>Reporting of exceeding limits [.1647]</p> <p>Information to be reported [.1647(a)(3)(b)&amp;(c)]</p> <p>Notification of appropriate entities [.1647(d) &amp;(e)] [.0111]</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>	<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)</p> <p>.1603(a) [.06039A0(1)(I)]</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>	<p>Describe all items under the modalities that pertain to the facility</p>