RS-15 / Radiation Safety Inspection / Audit Form

SECTION 1 – Facility / Inspection Information

Department: _____ Room no.: _____

Authorized User: _____ 900#: _____

Phone: _____ Email: _____

AU representative: _____ 900#: _____

Phone: _____ Email: _____

Radiation Use Permit No., if applicable: _____

Inspection date: _____ Performed by: _____

Type of inspection: _____

S = Satisfactory | U = Unsatisfactory | C = Corrected During Inspection | N/A = Not Applicable

SECTION 2 – Required Documents and Posting

S	U	C	N/A	Door Posting:
				Radiation / radioactive material posting, as applicable
				No Food or Drink Notice, where applicable
				Authorized Personnel Only, where applicable
				Emergency contact information (AU/PI, RSO, Campus Police)

S	U	C	N/A	Lab Documents:
				Notice to Employees
				Applicable license / registration information available, as required
				Radiation Safety Manual
				Applicable SOPs / operating procedures
				Emergency procedures / plan, as applicable

Observations / Findings / Corrective Actions: _____

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SECTION 3 – Authorization and Records

S	U	C	N/A	Records:
				Radiation Use Permit / authorization current, as applicable
				Radioactive material inventory current, as applicable
				Required acquisition / receipt / transfer / disposal records available
				Radiation safety training current
				Dosimetry requirements satisfied, if applicable
				Radioactive waste records current, if applicable
				Required radiation/contamination surveys documented
				Corrective actions from previous inspection completed

Observations / Findings / Corrective Actions: _____

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SECTION 4 – Radioactive Material Controls

S	U	C	N/A	
				Storage / security
				Labeling / identification
				Containers / containment
				Inventory consistency
				Contamination controls
				Waste management
				Housekeeping
				Food / drink / personal-item restrictions
				Work practices / PPE, as applicable
				Material use limited to authorized locations/activities

Observations / Findings / Corrective Actions: _____

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SECTION 5 – Sealed Sources

S	U	C	N/A	
				Inventory verified
				Identification / serial numbers
				Security
				Physical condition
				Leak-test status / current, if applicable

Observations / Findings / Corrective Actions: _____

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SECTION 6 – Radiation Machines

S	U	C	N/A	
				Registration/authorization
				Operating procedures
				Interlocks / safety features
				Warning devices
				Equipment condition / maintenance
				Surveys, as applicable
				Operator training

Observations / Findings / Corrective Actions: _____

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SECTION 7 – Radiation Surveys / Instrumentation

S	U	C	N/A	
				Required surveys performed
				Instruments appropriate
				Calibration current where required
				Survey records maintained

Observations / Findings / Corrective Actions: _____

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SECTION 8 – Inspection Summary and Follow-Up

Overall inspection status:

☐ Satisfactory – No corrective action required

☐ Satisfactory – Minor observations/corrections noted

☐ Corrective action required

☐ Immediate action/restriction implemented

☐ Follow-up inspection/review required

Outstanding corrective actions / follow-up: _____

_____

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Follow-up due date, if applicable: _____

AU / representative acknowledgment: _____ Date: _____

Inspector: _____ Date: _____

RSO review: _____ Date: _____

Corrective actions verified/closed by: _____ Date: _____