UNI – Radiation Safety Assessment Checklist

Assessment Performed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment: \_\_\_\_\_\_\_

Building /Room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized User:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other individuals contacted:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **YES** | **NO** | **NOT APPL** | **NOT OBS** | **COMMENT**  **#** | **ASSESSMENT AREA** |
|  |  |  |  |  | **Security:** Lab locked/secured upon arrival or was someone physically present to prevent unauthorized removal? |
|  |  |  |  |  | Lab entered during regular business hours 8am – 5 pm? |
|  |  |  |  |  | Lab entered during off hours? |
|  |  |  |  |  | Can described documents be located? IDPH notification |
|  |  |  |  |  | Emergency procedures |
|  |  |  |  |  | Restricted Access |
|  |  |  |  |  | Drain log |
|  |  |  |  |  | After use survey |
|  |  |  |  |  | All entrances or designated work area taped off? |
|  |  |  |  |  | All signs posted in prominent and appropriate locations? |
|  |  |  |  |  | **Labeling:** All radioisotope work areas, including disposal sinks, properly identified and labeled? |
|  |  |  |  |  | All containers properly labeled with “Caution Radioactive Material” and other pertinent information (i.e. isotope, activity, initials, date, etc.)? |
|  |  |  |  |  | All radioactive waste containers properly labeled? |
|  |  |  |  |  | All glassware and equipment utilized for radioactive materials properly labeled and distinguished from non-rad equipment? |
|  |  |  |  |  | **Radioactive Materials:** All radioactive materials used in the lab listed on 6 month inventory or current order information? |
|  |  |  |  |  | Do records indicated all radioactive materials purchased are forwarded to EH&S? |
|  |  |  |  |  | Are records maintained for wipe test protocol and being conducted on every delivery? |
|  |  |  |  |  | Are there any sealed sources being used? (check sources, LSC standards, survey meter or other instrument standards)? |
|  |  |  |  |  | Are radioactive materials transferred to other researchers? Is EH&S notified prior to transfer? |
|  |  |  |  |  | **Waste:** All radioactive waste containers located away from high traffic areas? |
|  |  |  |  |  | Is liquid radioactive waste kept in secondary containment? |
|  |  |  |  |  | Are radioactive wastes properly segregated according to physical characteristics and half-life? |
|  |  |  |  |  | Are radioactive waste containers transferred to the Radioactive Waste Storage when full before overflowing? |
|  |  |  |  |  | Are the sanitary sewer discharges calculated to assure compliance and records maintained? |
|  |  |  |  |  | **Facilities & Equipment:** All radioactive material storage and use areas properly labeled/identified, shielded and maintained? |
|  |  |  |  |  | Appropriate PPE (gloves, lab coats, glasses, etc.) available and used when radioisotope work is conducted? |
|  |  |  |  |  | Are protocols tested prior to using radioactive materials? |
|  |  |  |  |  | Survey instrument operable and calibrated within previous year and are efficiencies appropriate and used properly? |
|  |  |  |  |  | Are appropriate laboratory apparatus available, properly labeled and used for radioisotope work? |
|  |  |  |  |  | Absorbent paper and trays used for radioisotope work? |
|  |  |  |  |  | Work surfaces made of impervious materials? |
|  |  |  |  |  | Are hoods used for RAM procedures? |
|  |  |  |  |  | If yes, has the hood been checked for flow within the past year? |
|  |  |  |  |  | Any LSC’s or other device containing RAM used in the lab? |
|  |  |  |  |  | If yes, have tests for leakage and other required tests been done? |
|  |  |  |  |  | Proper shielding available and used properly? |
|  |  |  |  |  | **Records & Surveys:** Are radioactive materials accountability records maintained and readily available? |
|  |  |  |  |  | After use and contamination surveys conducted by Authorized User after each use and at a minimum weekly interval for active labs,(monthly for inactive labs) with records available for review? |
|  |  |  |  |  | Survey form used keyed to diagram? (showing locations, surveyor, instrument, serial number, readings, calibration date, etc.)? |
|  |  |  |  |  | Shipping container disposal records adequate? (labels removed, defaced or obliterated?) |
|  |  |  |  |  | All Lab personnel acting as Authorized User using radioactive materials listed on license? |
|  |  |  |  |  | All other personnel attended Radiation Awareneess Training? |
|  |  |  |  |  | Evidence of food consumption in lab areas? |
|  |  |  |  |  | Do personnel routinely monitor/Frisk themselves? |
|  |  |  |  |  | **Incidents:** Any incidents/spills since lasts assessment? |
|  |  |  |  |  | If yes, were actions taken appropriate and documentation of follow-up acceptable? |
|  |  |  |  |  | Previous Deficiencies: Have previous deficiencies been corrected? Refer to previous assessment checklist.. |

Comments: Key to Comment # Column – attach pages if necessary

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RAD Safety Program (10/21/21)