

INDUSTRIAL RADIOGRAPHY SAFETY CHECKLIST

SHIELDED FACILITY: DAILY (Prior to Use)

| APPLIANCE | | | X-RAY FACILITY LOCATION | | | | | | | | | | | | CURRENT RSO SURVEY/ASSESSMENT | | | | | | | | | | | |
|--|-------|------|---------------------------|--|--|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| YEAR | MONTH | DATE | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Are all door interlock switches working able to stop X-Ray production if door(s) open?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Are all rotating beacons operational?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Does the audible alarm sound for 20 seconds prior to X-Ray emission?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Are all emergency stop buttons unobstructed and operational?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Are all exposure room entrances/exists unobstructed (inside and outside)?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Is the shielded radiation safety book with current facility survey, local operating procedures, emergency procedures and ORMs within arms reach of the control console?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Do all personnel involved with X-Ray operation have TLD and PAD or DAD affixed to the trunk of the body and outside of their clothing?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Does the shielded facility have legible and unobstructed warning signs inside and outside?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Is at least one calibrated and operable survey meter ready for X-Ray operations? Has the AFTO Form 140 been documented for battery and operational check?</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>RADIOGRAPHER IN CHARGE INITIALS</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| END OF MONTH SUPERVISOR REVIEW | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>DATE</i> | | | <i>PRINTED NAME/GRADE</i> | | | | | | | | | | | | <i>SIGNATURE</i> | | | | | | | | | | | |

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