

# X-RAY GAUGE EVALUATION CHECKLIST

(A FACILITY checklist is not required when completing this form)

Facility \_\_\_\_\_ Date Surveyed \_\_\_\_\_

Registration number \_\_\_\_\_ - \_\_\_\_\_ Room number \_\_\_\_\_ Control number \_\_\_\_\_ Inspector \_\_\_\_\_

Email address \_\_\_\_\_ Person Interviewed \_\_\_\_\_

Control panel manufacturer and serial no. \_\_\_\_\_

Tubehead manufacturer and serial no. \_\_\_\_\_

Circle Y for yes (compliant), N for no (noncompliant) and N/A for not applicable.

(All reg references preceded by 0400-20- )

- |     | Y                     | N                     | N/A                   |   |
|-----|-----------------------|-----------------------|-----------------------|---|
| 1.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Copy of registration form available for this unit. (04-.11(1)(d))   |
| 2.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the information on the registration form for this unit accurate as to address, ownership, possessor and location? (10-.24(5))  |
| 3.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are all of the units registered under this registration possessed by the registrant? (10-.24(5))  |
| 4.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Are all of the units possessed at this facility registered? (10-.24(1))   |
| 5.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Regulations present. (04-.11(1)(a))   |
| 6.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Notice to Employees" (RHS 8-3) posted. (04-.11(1)(g))  |
| 7.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Switch at control panel and any remote switch labeled "CAUTION-RADIATION, THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED". (05-.111(11))  |
| 8.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | A sign bearing the words "Warning - X-rays - Do not place hands in jaws of gauge" or equivalent, located so that it is visible to any person operating, aligning or adjusting the gauging device. (06-.08(1)(a))  |
| 9.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is there a visible indicator showing whether the shutter is open or closed? (06-.08(1)(b))  |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the shutter status device (referred to in question 9) of fail-safe design? (06-.08(1)(b))  |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | If the shutter status device is not of fail-safe design AND the equipment was installed before June 30, 1977, are there administrative controls in place to ensure that operations will not continue until the shutter status device is functioning properly? (06-.08(1)(b))  |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Except whenever impracticable, an interlocking device which prevents the entry of any portion of an individual's body into the primary beam or causes the primary beam to be shut off upon entry into its path is provided.<br><i>Note: If it is not practical to have the unit interlocked in such a fashion, circle N/A.</i> (06-.08(1)(c)) |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Unused tube ports closed in such a fashion that accidental opening is not possible. (06-.08(1)(d))<br><i>Note: If there are no unused ports (only one port), circle N/A.</i>  |
| 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Is the primary beam always intercepted by the primary barrier and/or auxiliary shielding? (06-.08(1)(e))  |
| 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | For personnel working with OPEN beam x-ray equipment, is personnel extremity monitoring provided?<br><i>If the x-ray beam is enclosed or inaccessible, then question 15 is N/A.</i> (06-.08(2)(a))  |
| 16. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | When not in operation, is the equipment secured in such a way as to be accessible to, or operable by, only authorized personnel? (06-.08(2)(b))   |
| 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Quarterly review of all safety devices (i.e., signs, labels, interlocks, etc.). (06-.08(2)(c))  |
| 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Records maintained of the quarterly safety device review. (06-.08(2)(c))  |
| 19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Has a survey been performed to determine that the unrestricted area dose limits are met and records maintained of this determination? (05-.61, 06-.08(2)(d) and 05-.136)  |
| 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Personnel monitoring provided or determination performed. (05-.71)  |
| 21. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Personnel monitoring or determination records maintained properly. (05-.135)  |
| 22. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Occupational dose limits maintained as required under 0400-20-05-.50 and 0400-20-05-.56.  |

**Notes** Meter, S/N, & Calibration Date: