

X-RAY GAUGE EVALUATION FORM  
(A FACILITY FORM IS NOT REQUIRED WHEN COMPLETING THIS FORM)

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

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

Address (multiple facilities) \_\_\_\_\_ Person Interviewed \_\_\_\_\_

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

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

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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. Copy of registration form available for this unit. (04-.11(1)(d))
2. Is the information on the registration form for this unit accurate as to address, ownership, possessor and location?
3. Are all of the units registered under this registration possessed by the registrant? (10-.24(5)) (10-.24(5))
4. Are all of the units possessed at this facility registered? (10-.24(1))
5. Regulations present. (04-.11(1)(a))
6. "Notice to Employees" (RHS 8-3) posted. (04-.11(1)(g))
7. Switch at control panel and any remote switch labeled "CAUTION-RADIATION, THIS EQUIPMENT PRODUCES RADIATION WHEN ENERGIZED". (05-.111(11))
8. 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. Is there a visible indicator showing whether the shutter is open or closed? (06-.08(1)(b))
10. Is the shutter status device (referred to in question 9) of fail-safe design? (06-.08(1)(b))
11. 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. 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.  
*Note: If it is not practical to have the unit interlocked in such a fashion, circle N/A.* (06-.08(1)(c))
13. Unused tube ports closed in such a fashion that accidental opening is not possible. (06-.08(1)(d))  
*Note: If there are no unused ports (only one port), circle N/A.*
14. Is the primary beam always intercepted by the primary barrier and/or auxiliary shielding? (06-.08(1)(e))
15. For personnel working with OPEN beam x-ray equipment, is personnel extremity monitoring provided?  
*If the x-ray beam is enclosed or inaccessible, then question 15 is N/A.* (06-.08(2)(a))
16. 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. Quarterly review of all safety devices (i.e., signs, labels, interlocks, etc.). (06-.08(2)(c))
18. Records maintained of the quarterly safety device review. (06-.08(2)(c))
19. 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. Personnel monitoring provided or determination performed. (05-.71)
21. Personnel monitoring or determination records maintained properly. (05-.135)
22. Occupational dose limits maintained as required under 0400-20-05-.50 and 0400-20-05-.56.