

Radiation Safety Laboratory Self-Evaluation Form - Authorized User Name: _____

1. Note: Use of this self-evaluation form is optional. Radiation Safety strongly encourages the completion of a quarterly self-evaluation as a convenient way to ensure ongoing regulatory compliance and train radiation workers on the compliance requirements. Completion of the self-evaluation does not substitute for completion of any of the radiation safety requirements covered on our inspection form.

2. The superscripts below indicate the associated item numbers on the Radiation Safety Laboratory Inspection Form used during Radiation Safety inspections. Please refer to Chapter 19.4.1 of the Radiation Safety Manual (<https://radsafety.wustl.edu/An1Pages/An1-RMManualIntro.htm>) for a full explanation of each item.

3. For any item identified as "No", please provide in the comments section of page 2 an explanation of what was found, what was the cause, how and when it was corrected, and what additional corrective actions are planned to prevent a repeat of the non-compliance item.

Yes No Posting & Records

<input type="checkbox"/>	<input type="checkbox"/>	Are all required signs posted & legible? (NRC Form 3 ¹ , Emergency Procedures ² , Authorized Personnel Only ³ , Radioactive Materials ⁴ , Radiation Area ⁵ if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Other postings present & legible if required? (RAM-approved drain ⁶ , Airborne Radioactivity Area ⁷ , Elevated Exposure Levels ⁸ , Security Exempt*, NOV ⁹)
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Safety records accessible ¹¹ ? All lab members are aware of the location of records & Radiation Safety Manual (RSM) ¹² ?
<input type="checkbox"/>	<input type="checkbox"/>	Has the annual RAM inventory been submitted by the July 15 deadline ¹³ ?

Yes No Training Requirements

<input type="checkbox"/>	<input type="checkbox"/>	Have all radworkers passed applicable exam(s) prior to working with RAM ¹⁶ ?
<input type="checkbox"/>	<input type="checkbox"/>	Have all radworkers been adequately trained in lab-specific or other procedures ¹⁵ ? Do they follow these procedures ¹⁵ ?
<input type="checkbox"/>	<input type="checkbox"/>	Have all radworkers, including AU, completed ALARA/Refresher training by the September 30 deadline ¹⁴ ?

Yes No Dosimetry & Bioassay

<input type="checkbox"/>	<input type="checkbox"/>	Dosimeters worn as intended & stored in an appropriate location when not in use ¹⁸ ? Workers aware of location of exposure records ¹⁸ ?
<input type="checkbox"/>	<input type="checkbox"/>	Have all bioassays been submitted to Radiation Safety as required by RSM Chapter 10, Tables 10-2 & 10-3 ¹⁷ ?

Yes No Radioactive Material Receipt & Transfer

<input type="checkbox"/>	<input type="checkbox"/>	Incoming RAM packages adequately surveyed w/package receipt completed ¹⁹ ? Packing materials appropriately disposed*?
<input type="checkbox"/>	<input type="checkbox"/>	Any transfers of RAM to other AUs or institutions were handled appropriately ^{21,22} ?

Yes No Radioactive Material Use & Storage

<input type="checkbox"/>	<input type="checkbox"/>	Accountability form(s) completed for each use of RAM, and marked if moved to radwaste ²³ ?
<input type="checkbox"/>	<input type="checkbox"/>	RAM adequately shielded, contained, stored, labeled ^{24,25,34} ?
<input type="checkbox"/>	<input type="checkbox"/>	Radwaste, including decay-in-storage if allowed, adequately shielded, contained, stored, labeled ^{24,25,39} ?
<input type="checkbox"/>	<input type="checkbox"/>	All areas used with RAM are on the authorization ²⁷ ?
<input type="checkbox"/>	<input type="checkbox"/>	Closeout requested prior to vacating/disposal/transfer of RAM room or equipment ²⁶ ?
<input type="checkbox"/>	<input type="checkbox"/>	All RAM secured against theft ²⁸ ?

Yes No Safety Practices, Surveys & Supplies

<input type="checkbox"/>	<input type="checkbox"/>	Documented surveys done at required frequency in required locations ²⁹ ?
<input type="checkbox"/>	<input type="checkbox"/>	Personnel/area monitored for contamination before leaving area ³⁰ ?
<input type="checkbox"/>	<input type="checkbox"/>	Proper PPE available & worn as required ³¹ ? Contamination control methods in place ³³ ?
<input type="checkbox"/>	<input type="checkbox"/>	Any major spills or contamination of personnel/personal clothing reported to Radiation Safety as required**?
<input type="checkbox"/>	<input type="checkbox"/>	All equipment used w/RAM adequately labeled & surveyed ^{29,34} ?
<input type="checkbox"/>	<input type="checkbox"/>	Food/drink/smoking or evidence thereof not evident in lab ³⁵ ?
<input type="checkbox"/>	<input type="checkbox"/>	If applicable, door to break room closed ³⁵ ? Policy followed & in Blue Book ³⁵ ?
<input type="checkbox"/>	<input type="checkbox"/>	Functioning survey instrument available & calibrated ^{36,37} ?
<input type="checkbox"/>	<input type="checkbox"/>	Adequate decontamination supplies available ³⁸ ?

Yes No Radioactive Waste Disposal

<input type="checkbox"/>	<input type="checkbox"/>	All disposals via RAM-approved drain adequately documented & are w/in disposal guidelines ³⁹ ?
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive waste disposal records completed & submitted appropriately ³⁹ ?
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive waste segregated/packaged/disposed as required ^{40,41} ?
<input type="checkbox"/>	<input type="checkbox"/>	Any "mixed waste" is adequately stored, labeled, documented and disposed of in a timely manner ^{25,39,40,41} ?

Comments and/or Corrective Actions:

Name of Evaluator: _____ Date: _____

Building and Rooms evaluated: _____

Authorized User Signature/Date: _____

* Per RSM Chapter 3

** Per Emergency Procedures Chart