

Research Laboratory Safety Self-Inspection:

Radiation Safety Checklists

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| --- | --- |
| Principal Investigator: | Department: |
| Lab Building: | Inspector Name: |
| Lab Rooms: | Inspection Date: |

**Instructions: Use the checklists below to conduct a radiation safety self-inspection for the hazards in your laboratory. Click the arrow next to each heading to expand the relevant sections for your lab hazards.**

# Radioactive Materials

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions | Yes | No | N/A | Comments or Deficiencies  \* Indicate room where deficiency is identified |
| Is current drawing of the laboratory available and represents authorized and actual work areas? |  |  |  |  |
| Does lab have Radioactive Material Authorization (RMA) available? |  |  |  |  |
| Are Isotope Usage records properly maintained? |  |  |  |  |
| Are radioactive material transfer records properly maintained? |  |  |  |  |
| Are radioactive waste disposal logs properly maintained? |  |  |  |  |
| Are the quarterly inventories of radioactive material properly maintained? |  |  |  |  |
| Have weekly wipe surveys of isotope work areas been properly maintained? |  |  |  |  |
| Is the annual in-laboratory training log current? |  |  |  |  |
| Are copies of training certificates available for all personnel working with the material? |  |  |  |  |
| Are the current versions of the Title A card, RHA20, and Emergency Phone numbers posted in the lab? |  |  |  |  |
| Are appropriate warning signs posted? |  |  |  |  |
| Are the isotope work areas properly labeled and restricted? |  |  |  |  |
| Is the "hot" sink(s) properly labeled and restricted for isotope use? |  |  |  |  |
| Are the refrigerator(s) or freezer(s) marked for isotope storage? |  |  |  |  |
| Are supplies and equipment properly labeled and restricted for isotope use? |  |  |  |  |
| Do all personnel know how to access U.S.C. Radiation Safety Manual from the EHS website? |  |  |  |  |
| Is proper shielding available? |  |  |  |  |
| Are the waste area(s) and procedures adequate? |  |  |  |  |
| Is the Geiger Counter calibrated and in working order? |  |  |  |  |
| Are eating and drinking prohibited in restricted areas? |  |  |  |  |
| Are the laboratory and/or isotopes secured during absence of personnel? |  |  |  |  |
| Are personnel properly wearing dosimetry device(s)? |  |  |  |  |
| Are lab personnel using appropriate PPE? |  |  |  |  |
| Wipes indicate no removable contamination above 3 times background |  |  |  |  |

# Electron Microscope

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions | Yes | No | N/A | Comments or Deficiencies  \* Indicate room where deficiency is identified |
| Is the Electron Microscope currently registered with SC DHEC? |  |  |  |  |
| Was Radiation Safety notified of any maintenance or modifications to an EM Scope? |  |  |  |  |
| Is DHEC's registration sticker visible on the control? |  |  |  |  |

# Sealed Sources- LSC standard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions | Yes | No | N/A | Comments or Deficiencies  \* Indicate room where deficiency is identified |
| Is LSC located in the specified room? |  |  |  |  |
| Does the internal LSC source remain located in the system? |  |  |  |  |

# Laser

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions | Yes | No | N/A | Comments or Deficiencies  \* Indicate room where deficiency is identified |
| Are written operating procedures available and posted near the laser? |  |  |  |  |
| Are written emergency procedures available and posted near the laser? |  |  |  |  |
| Are alignment procedures available and posted near the laser? |  |  |  |  |
| Have all operators of laser(s) been trained in the use of the specific laser and completed in laboratory training? |  |  |  |  |
| Are all laser areas properly posted with appropriate warning signs? |  |  |  |  |
| Is access to the laser area controlled with appropriate engineering or procedural entry way control? |  |  |  |  |
| Are only authorized personnel allowed in laser area and to operate the laser? |  |  |  |  |
| Is appropriate eye protection for the laser available and worn? |  |  |  |  |

**Laser- Class III or IV Laser**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questions | Yes | No | N/A | Comments or Deficiencies  \* Indicate room where deficiency is identified |
| Is a protective housing in place and fitted? |  |  |  |  |
| If no housing, are other controls available? |  |  |  |  |