

RADIATION SAFETY CHECKLIST

Building:	Room Number:
Department:	License/Registration Number:
Area Supervisor:	Phone Number:
Area Use:	Date:

ITEM DESCRIPTION	Y	N	NA
Are radioactive materials or radiation producing devices used or stored in this area? (If no, skip this section.)			
GENERAL RADIATION SAFETY:			
1. "Notice to Employees" poster is displayed in appropriate numbers and locations?			
2. Appropriate radiation warning sign(s) posted at entrance?			
3. Emergency procedures and phone numbers clearly posted?			
4. Radioactive material and radiation producing devices secured to prevent unauthorized access?			
5. "State Regulations for Protection Against Radiation" available?			
6. "Radiation Safety Manual" available?			
7. All personnel have documented training of appropriate type?			
8. Appropriate personnel supplied with dosimeters?			
RADIOISOTOPE SAFETY:			
9. Work area orderly and free of clutter?			
10. Food, drink, applying cosmetics, etc., prohibited?			
11. Mouth pipetting prohibited?			
12. Personal protective equipment is available and worn appropriately?			
13. Hands washed before exiting work area?			
14. Accurate, up-to-date isotope receiving logs are kept and available for inspection?			
15. Accurate, up-to-date isotope use logs are kept and available for inspection?			
16. Semi-annual inventories performed, documented, and copies sent to RSO?			
17. Area surveyed for contamination at least weekly?			
18. Wipe test and contamination survey log kept and available for inspection?			

ITEM DESCRIPTION	Y	N	NA
RADIOISOTOPE SAFETY: (Continued)			
19. Survey meter(s) calibrated within last twelve (12) months?			
20. Survey meter(s) in good working order?			
21. Survey meter check source(s) available and used?			
22. Bioassays performed, documented, and copies sent to RSO as necessary?			
23. Refrigerators, hoods, storage cabinets, waste receptacles clearly and appropriately labeled?			
24. Isotopes clearly marked with name, activity, and assay date?			
25. Waste properly labeled and stored prior to disposal?			
26. Accurate, up-to-date isotope disposal logs kept and available for inspection?			
27. Radioactive marking obliterated on non-contaminated items prior to disposal via building solid waste?			
28. Semi-annual leak test performed on sealed sources and records maintained?			
ELECTROPHORESIS/SEQUENCING DEVICES:			
29. Written operating procedure readily available?			
30. Power supply clearly marked "DANGER - HIGH VOLTAGE"?			
31. Sequencing unit marked "DANGER - HIGH VOLTAGE"?			
32. Power "ON" lamp on power supply is working and clearly visible from work area?			
33. Power "ON" switch is readily accessible?			
34. All electrical contacts guarded against operator contact?			
35. All power leads insulated and undamaged?			
36. AC power cord is grounded type and undamaged?			
37. Is unit cover safety interlocked?			
38. Are unit and power supply located away from sink?			
39. Are appropriate personnel trained in CPR?			
RADIATION PRODUCING DEVICES:			
29. Copy of Registration posted?			
30. Operating and emergency procedures posted?			

ITEM DESCRIPTION	Y	N	NA
RADIATION PRODUCING DEVICES: (Continued)			
31. Quarterly safety device tests are performed and documented in log?			
32. Annual inspection done and documented?			
33. Control panel marked with appropriate warnings?			

Comments:

Describe corrective action to be taken by laboratory/department and time table for implementation:

Signed:

_____, _____
Laboratory Supervisor Date

_____, _____
Department Chair Date