

May 21, 2009

RPR 50A LABORATORY EVALUATION CHECKLIST

Responsible User: _____ Program #: _____

Building: _____ Room(s): _____

Reason for Evaluation: _____

SECTION 1 – Safety & Surveys

Evaluation By: _____ Date: _____

Evaluation Period (*circle one*): Jan/Feb July/Aug

USES:

Radioactive material is used for: _____

Are animals in use? Y / N

 If yes, how many? _____

 What kind? _____

 Housed where? _____

FUME HOOD:

Is the fume hood free of obstructions? Y / N

Is the face velocity in the range of 80 to 150 fpm? Y / N

 fpm = _____

CONTAMINATION CONTROL:

Are gloves and lab coats available and used? Y / N

Are trays, secondary containers and absorbent paper in use? Y / N

Was there evidence of smoking, eating, drinking, etc? Y / N

EXPOSURE CONTROL:

Are shields used appropriately? Y / N

Are researchers seen to employ distance and time controls appropriately? Y / N

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DOSIMETRY:

Have whole body dosimeters been issued? Y / N
Are they in use when necessary? Y / N / NA
Have ring dosimeters been issued? Y / N
Are they in use when necessary? Y / N / NA

WASTES:

Are wastes segregated by categories? Y / N
Are the appropriate containers being used? Y / N
Are the containers properly labeled? Y / N
Are radwaste/biowaste cans spill-resistant? Y / N
If liquid waste is generated, describe how it is handled: _____

Are LSC vials generated by the lab? Y / N
If yes, describe how they are disposed of: _____
List the LSC fluor used in the lab: _____
Is the fluor environmentally friendly? Y / N

CONTAMINATION SURVEY:

A contamination survey must be performed and attached (Form RPR-11A and 11B).

Was contamination found? Y / N
Were decontaminations performed? Y / N / NA

Survey Notes:

SIGNS & LABELS:

Are door signs complete and current?
1. NRC Notice to Employees Y / N
2. Emergency Contacts Y / N
3. Documents Notice Y / N
4. Other _____ Y / N / NA
_____ Y / N / NA

Within the lab, are radiation/x-ray/laser signs posted where required? Y / N
Are all signs in good, legible condition? Y / N

