

# Radiation Safety Audit Checklist – X-ray Facilities Form

**Note:** use separate form for each facility: Philips PW 1729/40, Philips X'PERT, Philips PW 1130/00, Spectro XLab2000)

Date of Audit: \_\_\_\_\_

Persons Present: \_\_\_\_\_

Licensee: \_\_\_\_\_

Department / Location: \_\_\_\_\_

## Comments action required

Licenses valid: \_\_\_\_\_

Approved users: \_\_\_\_\_

*(list with licensee checked against usage log)*

1. Incident/Accidents Records:

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2. Emergency Procedures in place:

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3. Access to area controlled:

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4. Room signage satisfactory:

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5. Records of current year's use available:

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6. Records of regular monitoring available and satisfactory:

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7. Records of regular checks of monitor used available:

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8. Warning light operational:

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9. Maintenance and servicing up to date:

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10. Interlocks working:

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**Note:** For items 7 and 8, please supply lists which may be used by the audit team and retained for central records by the School Services Manager

Signed: \_\_\_\_\_ Date: \_\_\_\_\_