

**THE UNIVERSITY OF WESTERN ONTARIO
HUMAN RESOURCES
OCCUPATIONAL HEALTH AND SAFETY**

NON-MEDICAL¹ X-RAY INSPECTION CHECKLIST

(R.R.O. 1990, Reg. 861)

Cabinet (enclosed) Analytical (open) Other (specified) _____

Permit Holder: _____ Permit No. _____ Phone: _____
Building: _____ Department: _____ Room: _____
Completed by: _____ Signature: _____ Date: _____
Followed up by (RSC): _____ Signature: _____ Date: _____

EQUIPMENT

Manufacturer: _____ Model No: _____
Type of Unit: _____ Serial No: _____
Max. kV: _____ Max. mA: _____

CONTROL

Radiation Warning Sign on Door and Control Panel: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Warning Light When X-Rays are Produced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reading kVp Meter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reading mA Meter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Main "On" Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	X-Ray "On" Indication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lock or Key: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Cabinet/Shield/Sample interlock: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

PROTECTION

Interlock Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Whole system is shielded: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Locking Device Fitted to Unused Port Flap Shutter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dosimeters worn by X-ray worker(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Safety Manual/SOP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Access to Appropriate Survey Meter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Permit Holder & User's Training (general & specific) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Radiography Log Record: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Technique Chart Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Lead Lining of Cabinet/Wall <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Additional Authorized Users:

¹ Not used on human

RADIATION MEASUREMENTS AT OPERATING kVp _____ mA _____ seconds _____

Monitoring Instrument: Victoreen Model 451B-DE-SI Serial No. 6071
(Conducted by the RSC)

Cabinet

μSv/hr

Tube Housing: Not Detected Detected _____ N/A

Any Joint, Coupling or Interface
Between Beam Ports and Collimators: Not Detected Detected _____ N/A

Shutters (Including used and unused): Not Detected Detected _____ N/A

Radiation Enclosure System: Not Detected Detected _____ N/A

Shield Barrier at Sample Side: Not Detected Detected _____ N/A

Operator's position: Not Detected Detected _____ N/A

Analytical, Industrial Radiography, Industrial Fluoroscopy or Veterinary

Walls (outside): Not Detected Detected _____ N/A

Entrance Door (closed): Not Detected Detected _____ N/A

Control Booth through Glass: Not Detected Detected _____ N/A

Operator's position: Not Detected Detected _____ N/A

COMMENTS:

