X RAY SAFETY CRITICAL EXAMINATION CHECKLIST

A critical examination must be carried out for any

- New equipment
- Significantly modified or repaired equipment
- Equipment which has been moved

The installer is responsible for carrying out the critical examination and an RPA must be consulted. If equipment is manufactured/ installed/modified/repaired or moved by a University Department, the University RPA must be consulted via the University Safety Office.

| DEPARTMENT: |
|--|
| INSTRUMENT/EQUIPMENT DESCRIPTION: |
| SOURCE REFERENCE NUMBER (if applicable): |
| LOCATION: |
| |
| DADIATION CHIEF DING CHECKS. |

| RADIATION SHIELDING CHECKS: | | | | |
|--|-----------|------------------|--|--|
| | PASS/FAIL | COMMENTS/ACTIONS | | |
| PERFORMANCE | | | | |
| Dose rate on outside of shielding (where monitored) | | | | |
| Details of monitoring including monitor used (Type, Ref. and SN) | | | | |
| INTEGRITY | | | | |
| Robust material | | | | |
| Barriers/shielding firmly fixed | | | | |
| Adequate beam stop devices | | | | |
| CONTAINMENT OF SOURCE (if applicable) | | | | |

| INSTALLATION INFORMATION – USE AND MAINTENANCE: | | | |
|--|-----------|------------------|--|
| | PASS/FAIL | COMMENTS/ACTIONS | |
| USE & MAINTENANCE Has adequate information on use, testing and maintenance of the equipment been provided | | | |

| WARNING SYSTEM CHECKS: (FAILURE SHOULD PREVENT X-RAY TUB | E ENERGISING (| OR SHUTTER OPENING) | |
|---|---------------------|-----------------------|--|
| | PASS/FAIL | COMMENTS/ACTIONS | |
| GENERATOR POWER WARNING LIGHT/SIGNAL | | | |
| "X-RAY ON" WARNING LIGHT/SIGNAL | | | |
| "SHUTTER OPEN" WARNING LIGHT/SIGNAL | | | |
| CONTROLLED AREA SIGN | | | |
| OTHER WARNING SIGNS SIGNALS | | | |
| | | | |
| CONTROL SYSTEM AND INTERLOCK CHI | ECKS: | | |
| | PASS/FAIL | COMMENTS/ACTIONS | |
| EMERGENCY STOP (location/s) | | | |
| CONTROL PANEL – KEY CONTROL | | | |
| CONTROL PANEL – CONTROLS Commencement Interruption Termination | | | |
| EXPOSURE TERMINATES WHEN DOOR/ HATCH OPENS | | | |
| INTERLOCK MUST BE RESET MANUALLY | | | |
| INTERLOCK NOT EASILY DEFEATABLE | | | |
| CRITICAL EXAMINATION CARRIED OUT B | Y (Print name): | | |
| GNATURE: DATE: | | | |
| Please forward a copy of this form to the URPA COMMENTS: | niversity Radiation | on Protection Adviser | |
| SIGNATURE: | | DATE: | |