

University of Cambridge - Safety Office

Radioactive Substances (Unsealed Sources) Audit - complete checklist

Department:

Date of visit:

People present: Senior RPS:

Other RPSs:

Head of Department:

Administrator:

Others:

KEY: Satisfactory (1 point)  * indicates generally satisfactory but minor additional actions are recommendedUnsatisfactory (0 points) Partly satisfactory (0.5 points) 

	<u>A. POLICY</u>		
1	Does the departmental safety policy refer to work involving ionising radiations?		
2	Does departmental safety policy refer to Local Rules (LRs) for ionising radiations?		
3	Does the safety policy refer to control over acquisitions of radioactive materials?		
4	Does departmental safety policy refer to the essential principles of ALARP and BAT?		
5	Are there satisfactory safety management arrangements in place for 'co-operation between employers' – consider embedded companies and work carried out in other employers premises/areas.		
6	Does the Departmental Safety Policy set out the requirement for, and appointment arrangements for, Radiation Protection Supervisors?		
	<u>B. ORGANISATION</u>		

7	Are local rules provided <u>for all</u> supervised and controlled areas?		
8	Is the organisational structure of RPSs and the areas they supervise correctly described in the Local Rules?		
9	Is the RPS and support structure <u>adequate</u> ? Consider foreseeable and unforeseeable absences, number of workers supervised (how many groups) and communication and co-operation in a multi RPS environment.		
10	Do the Local Rules actually contain the other essential components i.e. the minimum required under IRR99?		
11	Do Local rules refer to or provide information on BAT issues?		
12	Are there special (written) procedures in place for access to and work in controlled areas?		
13	Is there a relevant ionising radiations risk assessment <u>process</u> in place for the department?		
14	Is there an established system for registering new workers? Check documentation.		
15	Is there a standard arrangement to refer 'new users' to attend one of the regular half-day sessions organised by the Safety Office?		
16	Is documented (practical) training provided for <u>all</u> workers (Student, Post Doc, Technician, Senior Research Staff, visitors)? Check documentation.		
17	Are there arrangements for contingency plans rehearsals (annual)		
18	Are there arrangements for radiation protection refresher training (every 3-5 years, or more frequently as needed)?		
19	Does an RPS attend the Departmental Safety Committee?		
20	Does the departmental documentation and records for radioactive substance use and disposal specify: Who is supervising?		
21	Does the departmental documentation and records for radioactive substance use and disposal specify: How records must be kept?		

22	Does the departmental documentation and records for radioactive substance use and disposal specify: How/when data is sent to Safety Office?		
23	Is the Department's approach to 'estimating' or calculating stock levels satisfactory, in view of the uncertainties of manufacturers supplied volumes and capacities? Briefly note the approach used.		
24	Are documented procedures set down for situations involving receipt		
25	Are documented procedures set down for situations involving movement		
26	Are documented procedures set down for situations involving transport of radioactive materials		
27	Has an EPR compliance checklist been completed? Note any significant comments.		
	<u>C. IMPLEMENTATION</u>		
28	Are the departmental holding and disposal limits appropriate and up to date in terms of actual practices? Discuss any changes required and highlight ANY exceedances of limits.		
29	Have risk assessments been reviewed regularly (look at five examples) at point of use? Use 'annually or if things change' as normal marker for reviews.		
30	Are the risk assessments seen suitable and sufficient (including BAT section)?		
31	Does the departmental stock item record keeping system provide a reasonable assessment of the real situation? (Verify by tracking at least three items - 'cradle to grave').		
32	Is the current EPR permit displayed?		
33	Are Dosimetry returns kept up to date?		
34	Is the University Policy in terms of provision of dosimetry being correctly implemented?		
35	Does monitoring practice for Supervised and Controlled areas comply with the minimum requirements set out in University policy (comprehensive records – Contamination and DRM where appropriate)?		

36	Is there documented evidence that the systems for ordering, receipt and onward distribution of materials are actually being followed?		
37	Are Reception/stores arrangements satisfactory?		
38	Is there evidence that redundant stocks are dealt with promptly and properly recorded		
39	Are Supervised and Controlled areas correctly designated and signed?		
40	Are Laboratory fittings standards adequate overall?		
41	Are the access arrangements for Controlled areas 'secure'?		
42	Are there foot barriers/monitoring stations, hand wash facilities and overshoes for controlled areas?		
43	Are waste stores tidy, documentation of accumulation up to date, and contamination monitoring up to date?		
44	Do plumbing pipe work runs appear to be satisfactory?		
45	Are gaseous disposal systems in satisfactory condition?		
	<u>D. INSPECTION CHECKLIST</u>		
46	Do workers understand ALARP and BAT?		
47	Do workers understand conditions of EPR permit?		
48	Do Radiation Protection Supervisors understand ALARP and BAT?		
49	Do Radiation Protection Supervisors understand conditions of EPR permit?		
50	Are workers aware of local rules and main contents?		

51	Are RPSs aware of location of monitor calibration certificates? Explain how/when these may be used.		
52	Are users aware of location of monitor calibration certificates? Explain how/when these may be used.		
53	Are workers aware of contingency arrangements?		
54	Are laboratories equipped with secure storage for RA Substances and is it correctly used? (double containers/lower shelves etc.)		
55	Is personal monitoring properly carried out (contamination - hands, feet, clothing, etc.)?		
56	Are monitor tests up to date?		
57	Are fridges freezers and other stores correctly signed ('Radioactive substance/material')?		
58	Are fridges freezers and other stores lockable?		
59	Are solid waste accumulations and sink disposals documented at the point of accumulation or disposal?		
60	Are working areas adequately demarcated?		
61	Suitable bench surfaces?		
62	Suitable Side Screens?		
63	Suitable surfaces behind sinks and workstations?		
64	All gaps sealed?		
65	No bare timber?		
66	No Electrical sockets behind disposal sinks?		

67	Other sockets electrical fittings or trunkings at > 500 mm?		
68	Sink material, design and taps satisfactory?		
69	Hand wash sink available near to work area?		
70	Fume cupboards in good condition and LEV tested <12 months?		
71	No accumulations of paper, card or other absorbents?		
72	Floors in good condition?		
73	Are waste traps and other plumbing satisfactory?		
74	Are labs lockable –policy on locking?		
	<u>E. MEASURING PERFORMANCE</u>		
75	Is there an active and documented inspection programme within the Department?		
76	Inspection frequency more than once a year for all areas?		
77	Is an 'RPS report' sent at least annually to the Head of Department either directly or through the Safety Committee?		
78	Is there evidence that advised actions following internal/external inspections/audits are followed through and completed?		
79	Have all outstanding issues relating to accidents or incidents been put into place?		

Comments from the RPS/Administrator/Head of Department:

Most significant comments to report to the Department (given verbally at the time of Audit): Please refer to attached letter and other documents

Rating:

Audit questions overall percentage "Satisfactory"

0

Inspection questions overall percentage "Satisfactory"

0

Priority in terms of follow up visit:

Audit carried out by – Lead:..... Support:.....

Time spent in the department:

Follow up visit?.....

Next full ionising radiations Audit: 12 months / 24 months

Sign.....Date.....

IR021 - 2016