# RPR 27A. NUCLEAR MEDICINE EVALUATION CHECK LIST
(Use in addition to RPR 50A.)

## Responsible User:  ___________________________  Group No.:  _______  Date:

Building:  ___________________________  Room(s):

**EVALUATION CRITERIA**

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<th>YES</th>
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### Surveys:

1. Daily contamination surveys performed?  
   - ( ) ( )

2. Weekly surveys of labs and storage areas?  
   - a. Exposure rates measured?  
     - ( ) ( )
   - b. Wipe surveys performed?  
     - ( ) ( )

3. Records maintained and contain required data?  
   - ( ) ( )
   - date of survey, plan of areas surveyed, trigger levels, detected dose rate in mrem/hr or removable contamination in dpm/100 cm², survey instrument used, model #, serial number, calibration date, surveyor initials

4. Areas decontaminated if 2000 dpm/100 cm²?  
   - ( ) ( )

5. Xenon trap monitoring performed?  
   - a. Records maintained and contain required data?  
     - ( ) ( )
     - spill clearance time calculation and post-spill safety measures
     - monthly collection system operation check and ventilation rate measurement every 6 mo.

### Waste Disposal:

1. Hold for decay methods adequate (decay of 10 half-lives)?  
   - ( ) ( )

2. Records of disposals maintained and contain required data?  
   - ( ) ( )
   - date of disposal, date material was stored, radionuclides disposed, survey instrument used, serial number, calibration date, background dose rate, highest dose rate measured at surface, name of disposer

### Dose Calibrator:

1. Daily constancy check performed?  
   - ( ) ( )
   - a. Records maintained and contain required data?  
     - ( ) ( )
     - dose calibrator model and serial number, identity of radionuclide in check source, date of check, activity measured, checker initials

2. Annual accuracy tests performed?  
   - ( ) ( )
   - a. Records maintained and contain required data?  
     - ( ) ( )
     - dose calibrator model and serial number, serial number of check source, identity of radionuclide in check source and its activity, date of test, results of test, signature of on-site RSO (NMTC)

3. Quarterly linearity tests performed?  
   - ( ) ( )
   - a. Records maintained and contain required data?  
     - ( ) ( )
EVALUATION CRITERIA

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dose calibrator model and serial number, calculated activities, measured activities, date of test, signature of on-site RSO (NMTC)

4. Patient doses measured prior to administration?
   a. Records maintained and contain required data?
      - Radiopharmaceutical name, prescription number, radionuclide, patient's name, measured activity of dosage, date and time of measurement, measurer's initials

Calibration and Reference Sources:

1. Sources requiring leak tests?
   a. Additions?
   b. Deletions?

2. Other check sources?
   a. Additions?
   b. Deletions?

3. Quarterly inventory performed?
   a. Records maintained and contain required data?

Bioassay:

1. Measurements performed monthly on all clinical workers?
   a. Records maintained and contain required data?
      - Recorded on proper form, instrument and calibration data, date of assay and results, signed by worker

2. Measurements performed inside of 72 hours on personnel administering therapy doses?
   (Note: 72 hour assay may also be counted as the monthly assay.)
   a. Records maintained and contain required data?
      - Recorded on proper form, instrument and calibration data, date of assay and results, signed by worker