

RPR 27A. NUCLEAR MEDICINE EVALUATION CHECK LIST

(Use in addition to RPR 50A.)

Responsible User: _____ Group No.: _____ Date:

Building: _____ Room(s): _____

EVALUATION CRITERIA YES NO

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 cm ² , survey instrument used, model #, serial number, calibration date, surveyor initials | | |
| 4. Areas decontaminated if 2000 dpm/100 cm ² ? | () | () |
| 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

YES NO

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? () ()
model and serial number of source, radionuclide and its nominal activity, location of source, signature of on-site RSO (NMTC)

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