

RPR 50A. LABORATORY EVALUATION CHECK LIST

Responsible User: _____ Group #: _____ Date: _____

Building: _____ Room(s): _____ Task #: _____

Reason: Initial/Pre-start Contamination Survey Routine Audit Special/Incident Final/Close-out

Isotopes in Use: _____

Interval (ALIs): _____

Combined interval inventory: <1 ALI 1-30 ALIs >30 ALIs

Yes No

Uses:

- Only *in vitro*?
- If animals, what kind? _____
- How many? _____
- Housed where? _____

Storage & Security:

- Are isotopes stored in *lockable* cabinet, freezer or refrigerator?
- If not, where? _____
- Was room attended?
- Locked? _____

Contamination Control:

- Are gloves & lab coats available and used?
- Are trays, secondary containers and absorbent paper in use?
- Is there any evidence of eating, drinking, mouth pipetting, etc.? _____

Records:

- Are the following records current and complete?
- Radioisotope inventory?
- Disposition records?
- Area surveys?
- Personnel surveys?
- Are there any personnel changes? (If yes, complete RPR 1A or list of names and SS Nos.)
- Are the Radiation Safety Policy Manual and current RPR's available?
- Date of last Update? _____

Yes No

Waste:

- Are all wastes segregated by categories with appropriate containers & labels?
- Check types of containers in use:
- Short-lived isotopes in dry waste, **NO LABELS?**
- Mixed Waste?
- Aqueous bulk liquids?
- Animals?
- Is there adequate freezer space for animal wastes?
- LS Vials? What fluors/tissue solubilizers are used? _____

Signs & Labels:

- Is room posting current?
- Is "Notice to Employees" posting current?
- Refrigerator(s) properly labeled?
- Freezer(s) properly labeled?
- Sink(s) & drain(s) properly labeled?
- Hood(s) properly labeled?

Personal Monitoring:

- Are body or ring dosimeters issued?
- Are they in use?

Exposure Control:

- Are shielding & distance used effectively?

Fume Hood:

- Face Velocity: _____ fpm
- Inst. Used: _____
- Labeled? Date of flow check: _____
- Vacuum line in hood?
- If yes, is it filtered? (Iodine users only)

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Responsible User: _____ Group #: _____ Building: _____ Task #: _____

Instruments:

Manufacturer	Model	Serial Number	Date of Calibration	Operational and Batteries Good?				Instrument Shared?				Task Number	Comments
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			
				Yes		No		Yes		No			

Yes No

Is the Instrument(s) appropriate for the isotopes used in this lab?

Comments:

Attachments: RPR 50B Total Contamination Survey RPR 50C Removable Contamination Survey Other _____

Signature: _____ Date: _____