

# RPR 60A. NUCLEAR MEDICINE EVALUATION CHECK LIST

(Use in addition to RPR 50A.)

Date of Evaluation: \_\_\_\_\_

Permit#: \_\_\_\_\_ Responsible User: \_\_\_\_\_

Building: \_\_\_\_\_ Rooms: \_\_\_\_\_

**YES NO**

## **SURVEYS:**

1. Contamination surveys performed each day of use? ( ) ( )
2. Lab and storage areas surveyed each week of use? ( ) ( )
  - a. Exposure rates measured? ( ) ( )
  - b. Wipe surveys performed? ( ) ( )
3. Survey records maintained up to date and contain required data? ( ) ( )  
Date, plan of areas surveyed, trigger levels, dose rate in mrem/hr and removable contamination in dpm/100 cm<sup>2</sup>, instruments used (make, model, serial#, calibration date), initials or signature.
4. Any areas of contamination have been appropriately cleaned or shielded? ( ) ( )

## **WASTE DISPOSAL:**

1. Radioactive waste held for a minimum of 10 half-lives? ( ) ( )
2. Disposal records maintained up to date and contain required data? ( ) ( )  
Date of disposal, storage date, radionuclides disposed, instruments used (make, model, serial#, calibration date), background measured, surface readings taken, name and signature of disposer.

## **DOSE CALIBRATOR:**

1. Constancy check performed each day of use? ( ) ( )
  - a. Records maintained and contain required data? ( ) ( )  
Date, dose calibrator model and serial#, radionuclide in check source, activity measured, initials or signature.
2. Linearity test performed at least quarterly? Date: \_\_\_\_\_ ( ) ( )
  - a. Records maintained and contain required data? ( ) ( )  
Date, dose calibrator model and serial#, calculated activities, measured activities, signature of onsite RSO (NMTC)
3. Accuracy test performed at least annually? Date: \_\_\_\_\_ ( ) ( )
  - a. Records maintained and contain required data? ( ) ( )  
Date, dose calibrator model and serial#, check source serial#, radionuclide activity, results, signature of onsite RSO (NMTC)
4. Patient doses measured prior to administration? ( ) ( )
  - a. Records maintained and contain required data? ( ) ( )  
Date and time, radiopharmaceutical name, prescription#, radionuclide, patient name, measured activity, initials or signature.

**YES NO**

**CALIBRATION AND REFERENCE SOURCES:**

- 1. Have sealed sources been leak tested within the last 6 months, if required? ( ) ( )  
Date of last leak test: \_\_\_\_\_
- 2. Have all sealed sources been inventoried within the last 6 months? ( ) ( )  
Date of last inventory: \_\_\_\_\_
  - a. Records maintained and contain required data? ( ) ( )  
Date, source information (make, model and serial#), radionuclide and activity, location, signature of onsite RSO (NMTC)

**RECORDS:**

- 1. Training records available onsite? ( ) ( )  
(Authorized Users, Nuclear Med Technicians, Ancillary Staff)
- 2. Nuclear Medicine procedures available? ( ) ( )
- 3. Dosimetry records available onsite? ( ) ( )
- 4. Instrumentation calibration records available onsite? ( ) ( )
- 5. Radiation Safety Committee Minutes available onsite? ( ) ( )
- 6. Current license available onsite? ( ) ( )