

PET TRAILER EVALUATION CHECK LIST
(Use in addition to RPR 50A.)

Responsible User: _____ **Group No.:** _____ **Date:** _____

Building: _____ **Room(s):** _____

EVALUATION CRITERIA	YES	NO
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Surveys:

- | | | |
|---|-----|-----|
| 1. Daily contamination surveys performed? | () | () |
| 2. Weekly contamination 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 ? | () | () |

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) | () | () |

Responsible User: _____ Group No.: _____ Date: _____

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EVALUATION CRITERIA	YES	NO
3. Quarterly linearity tests performed?	()	()
a. Records maintained and contain required data?	()	()
dose calibrator model and serial number, calculated activities, measured activities, date of test, signature of on-site RSO (NMTC) 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)		

Signature: _____