



Minnesota Department of Health
X-ray Unit
625 Robert Street North
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St. Paul, Minnesota 55164-0975

Information Notice 2007-05
October 2007
RADIATION PROGRAM AUDITS

Chapter 4732.0540 requires the registrant to ensure that the quality assurance program, its content, and implementation are reviewed annually for compliance with the rule. The registrant must ensure that all radiation program audits are performed according to procedures established by the registrant or radiation safety officer. Any noncompliance issues found during the audit must be corrected and documented. The radiation safety officer must review any corrective actions taken.

The following page contains an example of a checklist that could be used for a facility's audit. The facility may have existing forms, a way to retrieve the information electronically or would prefer computer generated forms. These are all acceptable, provided the information is complete and available at the time of inspection. **The sample program audit below may not be complete for all facilities and may include items that are not applicable to all facilities. Each facility should create a site specific audit form.**

Sample Radiation Program Audit

Printed name and title of person performing audit	
Signature of person performing audit	
Date of Audit	
Deficiencies Identified, list	
Radiation Safety Officer (RSO) designated	
RSO Delegation Agreement in place	
RSO has established and reviewed retake and reject analysis	
Shielding plans submitted for remodel or new construction	
Shielding placard posted if constructed or remodeled after 11/2007	
All equipment registered with MDH	
MDH notified of new/removed equipment	
Personnel	
Equipment operators authorized under 4732.0570 to expose humans to x-ray	
Equipment operators trained in Radiation Safety Program	
Equipment operators trained in Operating Procedures	
Equipment operators trained in Emergency procedures	
Documentation of training in new modalities (CT, Fluoroscopy, digital etc)	
Industrial radiographers certified	
Individual Monitoring Devices	
Facility use of individual Monitoring devices	
Monitors worn correctly	
New employee individual monitor (dosimeter records) history collected	
Employees annually notified of accumulated dose	
Employees notified of total dose upon termination	
Monitoring records maintained for a minimum of 30 years	

Policies	
Radiation Safety policies and procedures in place	
Written holding policy in place	
Quality Assurance manual	
Repeat/Reject analysis policies/procedures in place	
Technique charts complete and maintained near the x-ray control	
Patient utilization logs are maintained and complete	
Quality Control	
Equipment performance evaluations and calibrations conducted at the proper frequency	
Service provider recommendations evaluated	
Processor quality control performed at the proper frequency	
Darkroom Quality Control (fog test) performed at the proper frequency	
Digital manufacturer quality control protocols followed	
Repeat rate calculated quarterly and reasons for rejections reviewed	
Lead aprons, gloves and thyroid shield integrity checked every 24 months	
Screen speed and contact tests checked every 24 months	
Additional Comments	