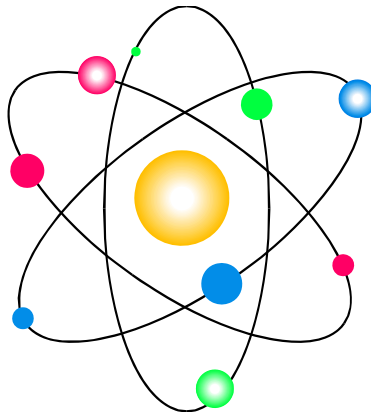




RADIOACTIVE MATERIALS REGULATORY GUIDE



ANNUAL AUDIT CHECKLIST FOR MEDICAL FACILITIES



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This guide contains model procedures that are only a suggested guide and are one way to meet this requirement. Some sections may not be pertinent to every licensee or to each review or audit. For example, licensees do not need to address areas that do not apply to their activities and activities that have not occurred since the last audit need not be reviewed at the next audit. Reviews or audits of the content and implementation of the radiation protection program must be conducted at least annually.

MODEL ANNUAL AUDIT CHECKLIST

Audit History	4731	N/A	Yes	No
Were previous audits conducted annually?	2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records of previous audits maintained?	2500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deficiencies identified?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the deficiencies corrected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and Scope of Program	4731	N/A	Yes	No
Radiation Safety Officer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the RSO was changed, was license amended?	4403	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does new RSO meet MDH training requirements?	4411 4414 4415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is RSO fulfilling all duties?	4405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the written agreement in place for a new RSO?	4405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there multiple locations of use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all locations listed on the license?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If multiple locations authorized, list locations audited.				
Were annual audits performed at each location? If no, explain.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Safety Program	4731	N/A	Yes	No
Minor changes to program?	4405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records of changes maintained for five years?	4500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and implementation reviewed annually by the licensee?	2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records of reviews maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Material	4731	N/A	Yes	No
Isotope, chemical form, quantity and use as authorized?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does total amount of radioactive material possessed require financial assurance?	3080	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, is financial assurance adequate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibration, transmission, and reference sources				
Sealed sources manufactured and distributed by a person licensed pursuant to 4731.3400 or equivalent NRC or Agreement State regulations, or redistributed by a licensee authorized to redistribute sealed sources and sources do not exceed 30 millicuries?	4423	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any radioactive material with a half life of less than 120 days in individual amounts not to exceed 15 millicuries?	4423	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any radioactive material with a half life of greater than 120 days in individual amounts not to exceed 200 microcuries or 1000 times the quantities in 4731.3260?	4423	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technetium-99 ^m in individual amounts as needed?	4423	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsealed materials used in 4731.4432, 4731.4434, and 4731.4440 are:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtained from a manufacturer or preparer licensed under 4731.3395? or		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepared by a physician authorized user, an authorized nuclear pharmacist, or an individual under the supervision of a physician authorized user or authorized nuclear pharmacist? or		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtained and prepared for research in accordance with 4731.4432, 4731.4434, and 4731.4440, as applicable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are sealed sources possessed and used as described in the Sealed Source and Device Registration (SSDR) Certificate?	4450 4460 4463	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of the SSDR Certificates possessed or accessible?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are manufacturer's manuals for operation of medical devices possessed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the actual uses of the medical devices consistent with the authorized uses listed on the license?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If places of use changed, was the license amended?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If control of license was transferred, was MDH consent obtained prior to the transfer?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use by Authorized Individuals	4731	N/A	Yes	No
Authorized Users				
New Authorized User since last audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the new Authorized User meet MDH training requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a new Authorized User was added, or was the MDH license amended?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized Users	4414			
Certified by specialty board	4415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on MDH, NRC or other Agreement State License	4433	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on permit issued by a broad scope or NRC master materials license	4436	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed on a facility license	4443	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4444	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4445	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4446	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized Nuclear Pharmacists				
Certified by specialty board	4413	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on MDH, NRC or other Agreement State License	4414	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on permit issued by a broad scope or NRC master materials license	4415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed on a facility license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized Nuclear Physicists	4412			
Certified by specialty board	4414	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on MDH, NRC or other Agreement State License	4415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identified on permit issued by a broad scope or NRC master materials license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed on a facility license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	4731	N/A	Yes	No
Facilities are as described in the license application?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage areas:				
Materials secured from unauthorized removal or access?	2290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensee controls and maintains constant surveillance of licensed material not in storage?	2290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose Calibrator:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constancy checked daily?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linearity tested at intervals not to exceed 3 months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy tested at intervals not to exceed 12 months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry dependence test?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readings mathematically corrected if linearity error is greater than 10%?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records maintained and include required information?	4502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination of dosages of unsealed radioactive material:				
Each dosage determined and recorded prior to medical use?	4422	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement of unit dosages made by direct measurement or by decay correction?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For other than unit dosages, dose determined by direct measurement of radioactivity or by combination of radioactivity or volumetric measurement and calculation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensee uses generators?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First eluate after receipt is tested for Molybdenum-99 breakthrough?	4509	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No radiopharmaceuticals administered with Mo-99 concentrations over 0.15 μ Ci per mCi of Tc-99 ^m ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Protection And Control Of Radioactive Material	4731	N/A	Yes	No
Use of radiopharmaceuticals				
Protective clothing worn?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel routinely monitor their hands?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No eating/drinking in use/storage areas?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No food, drink, or personal effects kept in use/storage areas?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper dosimetry worn?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive waste disposed of in proper receptacles?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringe shields and vial shields used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak tests of sealed sources performed at appropriate intervals?	4424	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak test records in units of microcuries?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak test records signed by RSO?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Records of leak tests kept for three years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventories		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are sealed sources inventoried?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records of leak tests and inventories maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posting and Labeling	4731	N/A	Yes	No
MDH Form, "Notice to Workers" is posted?	1010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other posting and labeling per 4731.2310, 4731.2330 and not exempted by 4731.2320, 4731.2340?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Dose	4731	N/A	Yes	No
Is licensed material used in a manner to keep doses below 1mSv (100 mrem) in a year?	2090	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a survey or evaluation been performed?	2200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any additions or changes to the storage, security, or use of surrounding areas that would necessitate a new survey or evaluation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do unrestricted area radiation levels exceed 0.02 mSv (2 mrem) in any one hour?	2090	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is licensed material used or stored in a manner that would prevent unauthorized access or removal?	2290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Radiation Protection	4731	N/A	Yes	No
Exposure evaluation performed?	2200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALARA program implemented?	2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Dosimetry:				
Monitors workers per 4731.2210?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External exposures account for contributions from airborne activity?	2040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplier Frequency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplier is NVLAP-approved?	2200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosimeters exchanged at required frequency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Dosimetry				
Monitors workers per 4731.2210?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Briefly describe program for monitoring and controlling internal exposures?	2240	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring/controlling program implemented (includes bioassays)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection equipment [20.1703]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of Records and Reports				
Reviewed by Frequency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditor reviewed personnel monitoring records for period to _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior dose determined for individuals likely to receive doses?	2520	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum exposures TEDE Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maximum CDEs Organs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum CEDE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal and external summed?	2030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were occupational limits met?	2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDH Form 5 or equivalent provided to all monitored employees (including nursing staff)?	2520 2540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a worker declared her pregnancy during the audit period, then was the dose in compliance and were the records maintained?	2030 2540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who performed any planned special exposures at this facility (number of people involved and doses received)?	2060 2520 2530 2630	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records of exposures, surveys, monitoring, and evaluations maintained?	2500 2510 2540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification and Reports	4731	N/A	Yes	No
In compliance with 4731.1030, 4731.3110 (reports to individuals, public and occupational, monitored to show compliance)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In compliance with 4731.2600, 4731.3110 (theft or loss)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In compliance with 4731.2610, 4731.3110 (incidents)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In compliance with 4731.2620, 4731.3110 (overexposures and high radiation levels)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of MDH phone number?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In compliance with 4731.2620 (Constraint on air emissions)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, Retraining, and Instruction to Workers	4731	N/A	Yes	No
Have workers been provided with required instructions?	1020 4407 4441 4453 4466	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the individual's understanding of current procedures and regulations adequate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training program implemented?	4407 4441 4453 4466	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating procedures?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodic training required and implemented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all workers who are likely to exceed 1 mSv (100 mrem) in a year instructed and was refresher training provided, as needed?	1020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was each supervised user instructed in the licensee's written radiation protection procedures and administration of written directives, as appropriate?	4407	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are initial and periodic training records maintained for each individual?	4510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional therapy device instructions and training:				
Unit operation, inspection, associated equipment, survey instruments?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License conditions applicable to the use of the equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency drills?	4466	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers cognizant of requirements for:				
Radiation Safety Program?	2010 4405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual dose limits?	2020 2090209 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10% monitoring threshold?	2210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose limits to embryo/fetus and declared pregnant worker?	2080	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grave danger posting?	2310			
Procedures for opening packages?	2350	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of individuals by authorized user and/or authorized nuclear pharmacist in accordance with 4731.4407?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Survey Instruments	4731	N/A	Yes	No
Appropriate, operable survey instruments possessed or available?	4421	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrations completed before first use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument calibrated annually (intervals not to exceed 12 months)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrations within 20 percent on each scale or decade of interest?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibration records maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Surveys	4731	N/A	Yes	No
Radiation surveys performed in accordance with the licensee's procedures and the regulatory requirements?	2200 4426	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily in all areas where radiopharmaceuticals requiring a written directive are prepared or administered (except patient rooms)?	4426	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly in all areas where radiopharmaceuticals or waste is stored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly wipes in all areas where radiopharmaceuticals are routinely prepared, administered, or stored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trigger levels established?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective action taken and documented if trigger level exceeded?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Techniques can detect 0.1 mR/hr, 2000dpm?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys made to assure that the maximum radiation levels and average radiation levels from the surface of the main source safe with the sources(s) in the shielded position does not exceed the levels stated in the Sealed Source and Device Registry and records maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After new source installation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Following repairs to the source(s) shielding, the source(s) driving unit, or other electronic or mechanical mechanism that could expose the source, reduce the shielding around the source(s), or compromise the radiation safety of the unit or the source(s)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survey records include the following: <ul style="list-style-type: none"> • A diagram of the area surveyed or a list of items and equipment surveyed • Specific locations on the survey diagram where wipes test were taken • Radiation or contamination levels with appropriate units • Date of survey • Manufacturer's name, model number, and serial number of each instrument used • Name or initials of the person making the evaluation and recording the results. 	2510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmatory Measurements	4731	N/A	Yes	No
Detail location and results of confirmatory measurements.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsealed Radioactive Material For Which A Written Directive Is Required	4731	N/A	Yes	No
Safety precautions implemented to include patient facilities, posting, stay times, patient safety guidance, release, and contamination controls?	4442	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO and AU promptly notified if patient died or had a medical emergency?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training For Use Of Unsealed Radioactive Material For Which A Written Directive Is Required	4731	N/A	Yes	No
Safety instruction to personnel provided include	4441	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of patient and visitors?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine visitation to patients in accordance with 4731.2090?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination control and size/appearance of sources?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe handling and shielding instructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste control?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO and Authorized User notification in emergency or death?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records retained?	4510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt And Transfer of Radioactive Material	4731	N/A	Yes	No
Describe how packages are received and by whom.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written package opening procedures established and followed?	2350	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All incoming packages with a DOT label monitored for radioactive contamination, unless exempted (gases and special form)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incoming packages surveyed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring in (C) and (D) performed within time specified?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer(s) performed per?	3105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All sources surveyed before shipment and transfer?	2200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Records of surveys and receipt/transfer maintained?	2510 3115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Package receipt/distribution activities evaluated for compliance with 4731.2090?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive Waste	4731	N/A	Yes	No
Disposal:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decay-in-storage	4429	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures followed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labels removed or defaced?	2330 4429	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special procedures performed as required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized disposals?	2400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records maintained?	2510 2560	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluents:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release to sanitary sewer?	2420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material is readily soluble or readily dispersible?	2420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly average release concentrations do not exceed 2750 Subpart 4?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No more than 5 Ci of H-3, 1 Ci of C-14 and 1 Ci of all other radionuclides combined released in a year?	2420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures to ensure representative sampling and analysis implemented?	2200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release to septic tanks? (Note: Release to septic tanks is not authorized.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste incinerated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License authorizes?	2430	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directly monitor exhaust?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airborne releases evaluated and controlled?	2095 2200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air effluents and ashes controlled?	2010 2020 2090 2200 2400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air effluent less than 10 mrem constraint limit?	2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, reported appropriate information to MDH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective actions implemented and on schedule?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of effluent program:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring system hardware adequate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment calibrated, as appropriate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air samples/sampling technique (i.e., charcoal, HEPA, etc.) analyzed with appropriate instrumentation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste storage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from elements and fire?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control of waste maintained?	2290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containers properly labeled and area properly posted?	2310 2320	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Package integrity adequately maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste disposal:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records for Decay-in-storage include: <ul style="list-style-type: none"> the date of the disposal, the date on which the radioactive material was placed in storage, the radionuclides disposed with the longest half-life; the manufacturer's name, model number, and serial number of the survey instrument used, or a unique meter identification that can be cross-referenced to a specific manufacturer, model, and serial number; the background dose rate, the radiation dose rate measured at the surface of each waste container, and the name of the individual who performed the disposal. 	2405	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sources transferred to authorized individuals?	2400 2450 3105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of organization:				
Records of surveys and material accountability are maintained?	2510 2560	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (10 CFR 71.5(a) and 49 CFR 171-189)	4731	N/A	Yes	No
Shipments are:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
delivered to common carriers;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transported in own private vehicle;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
both;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no shipments since last audit.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return radiopharmacy doses or sealed sources?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensee assumes shipping responsibility?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If NO, describe arrangements made between licensee and radiopharmacy for shipping responsibilities:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packages:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized packages used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance test records on file?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT-7A packages		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special form sources		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two labels (White-I, Yellow-II, Yellow-III) with TI, Nuclide, Activity, and Hazard Class?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly marked (Shipping Name, UN Number, Package Type, RQ, "This End Up" (liquids), Name and Address of consignee)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closed and sealed during transport?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shipping Papers:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prepared and used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Shipping Name, Hazard Class, UN Number, Quantity, Package Type, Nuclide, RQ, Radioactive Material, Physical and Chemical Form, Activity, Category of Label, TI, Shipper's Name, Certification and Signature, Emergency Response Phone Number, "Limited Quantity" (if applicable), "Cargo Aircraft Only" (if applicable)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readily accessible during transport?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recordkeeping for Decommissioning	4731	N/A	Yes	No
Records of information important to the safe and effective decommissioning of the facility maintained in an independent and identifiable location until license termination?	3080	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records include all information outlined in?	3080	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendments Since Last Audit	4731	N/A	Yes	No
Any Amendments since last audit?	4403			
Notifications Since Last Audit	4731	N/A	Yes	No
Any Notifications since last audit?	4403			
Appropriate documentation provided to MDH for authorized nuclear pharmacist, authorized medical physicists, or authorized user no later than 30 days after the individual starts work?	4403			
MDH notified within 30 days after any of the following stops work or changes name:				
Authorized User;				
Authorized Nuclear Pharmacist;				
Authorized Medical Physicist; or				
Radiation Safety Officer (RSO)				
MDH notified within 30 days after:				
licensee's mailing address changes;				
licensee's name changes without a transfer of control of the license; or				
licensee has added to or changed an area of use for 4731.4432 or 4731.4434 use?				
Bulletins and Information Notices	4731	N/A	Yes	No
Bulletins, Information Notices, etc., received?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate action in response to Bulletins, Information Notices, Generic Letters, etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy

Training For Use Of Manual Brachytherapy And Use Of Unsealed Radioactive Material For Which A Written Directive Is Required	4731	N/A	Yes	No
Safety instruction to personnel provided include	4441 4453	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of patient and visitors?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine visitation to patients in accordance with 4731.2090?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination control and size/appearance of sources?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe handling and shielding instructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste control?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO and Authorized User notification in emergency or death?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records retained?	4510	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use by Authorized Individuals	4731	N/A	Yes	No
Authorized User	4444 4445 4446 4458 4459 4461 4479			
Certified by specialty board		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on MDH, NRC or other Agreement State License		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on permit issued by a broad scope or NRC master materials license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed on a facility license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorized Nuclear Physicist	4412 4414 4415			
Certified by specialty board		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on MDH, NRC or other Agreement State License		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified on permit issued by a broad scope or NRC master materials license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed on a facility license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Release	4731	N/A	Yes	No
Individuals released when TEDE less than 0.5 rem?	4427	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions to the released individual, including breast-feeding women, include required information?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release records maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records of instructions given to breast-feeding women maintained, if required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brachytherapy	4731	N/A	Yes	No
Safety precautions implemented to include patient facilities, posting, stay times, and emergency response equipment?	4454	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survey immediately after implant?	4451	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients surveyed immediately after removing the last temporary implant source?	4451	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO and AU promptly notified if patient died or had a medical emergency	4454	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[35.415(c)]?				
Records maintained [35.2404]?	4411	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teletherapy and Gamma Stereotactic Radiosurgery Servicing	4731	N/A	Yes	No
Inspection and servicing performed following source replacement or at intervals not to exceed five years?	4477	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needed service arranged for as identified during the inspection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service performed by persons specifically authorized to do so?	4477	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Calibration-Therapeutic Medical Devices	4731	N/A	Yes	No
Proper protocol(s) used (e.g., TG-21, AAPM 54, TG-56, TG-40, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed prior to first patient use?	4469 4470 4471	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At intervals not to exceed one year for teletherapy, gamma stereotactic, and LDR remote afterloader; at intervals not exceeding one quarter for HDR, MDR, and PDR remote afterloaders?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whenever spot-checks indicate output differs from expected by ± 5 percent?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After source exchange, relocation, and major repair or modification?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed with properly calibrated instrument?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For teletherapy:				
Output measured within ± 3 percent of expected for the range of field sizes, range of distances?	4469	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coincidence of radiation field and field light localizer?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniformity of radiation field and beam angle dependence?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer accuracy and linearity over the range of use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-off error?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of all measuring and localization devices?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For remote afterloaders:	4470			
Output measured within ± 5 percent of expected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source positioning accuracy within ± 1 millimeter?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source retraction with backup battery upon power failure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of source transfer tubes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer accuracy and linearity over the typical range of use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of the applicators?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function of source transfer tubes, applicators, and transfer tube-applicator interfaces?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autoradiograph quarterly of the LDR source(s) to verify source(s) arrangement and inventory?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For gamma stereotactic radiosurgery:				
Output measured within ± 3 percent of expected [35.635(b)(1)]?	4471	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helmet factors [35.635(b)(2)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isocenter coincidence [35.635(b)(3)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer accuracy and linearity over the range of use [35.635(b)(4)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-off error [35.635(b)(5)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunnion centricity [35.635(b)(6)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off [35.635(b)(7)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helmet microswitches [35.635(b)(8)]?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency timing circuit [35.635(b)(9)]?				
Stereotactic frames and localizing devices (trunnions)?				
Output corrected mathematically for decay?				

Records maintained?	4518			
Periodic Spot Checks For Therapeutic Devices	4731	N/A	Yes	No
Performed at required frequency?	4472 4473 4474	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures established by authorized medical physicist?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures followed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical physicist reviews results within 15 days?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed with properly calibrated instrument?	4472 4474	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output and safety spot checks include:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For teletherapy:				
Timer accuracy and linearity over the range of use?	4472	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-off error?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coincidence of radiation field and field light localized?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy of all measuring and localization devices?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The output for one typical set of operating conditions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difference between measured and expected output?	4472	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interlock systems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beam stops?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source exposure indicator lights?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing and intercom systems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment room doors, inside and out?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical treatment doors with power shut off?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For remote afterloaders:				
Interlock systems?	4473	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source exposure indicator lights?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing and intercom systems, except for LDR?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation monitors used to indicate source position		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer accuracy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clock (date and time) in the unit's computer?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decayed source(s) activity in the unit's computer?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For gamma stereotactic radiosurgery:				
Treatment table retraction mechanism?	4474	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helmet microswitches?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency timing circuits?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stereotactic frames and localizing devices?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The output for one typical set of operating conditions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difference between measured and expected output?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source output compared against computer calculation of output?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timer accuracy and linearity over the range of use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-off error?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trunnion centricity?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interlock systems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	4731	N/A	Yes	No
Therapy device facilities provided with:				
Electrical interlock system?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing system?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom system?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Radiation monitor?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source retraction mechanism?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source indicator lights?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency source recovery equipment available?	4454 4467	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy unit operation:				
Unit, console, console keys, and treatment room controlled adequately?	2290 4466	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricted to certain source orientations and/or gantry angles?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceases to operate in restricted orientation(s)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only one radiation device can be operated at a time within the treatment room?	4466	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy dosimetry equipment:				
Calibrated system available for use?	4468	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrated by a NIST or an AAPM-accredited lab within previous two years and after servicing or calibrated by inter-comparison?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrated within the previous four years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensee has a dosimetry system available for use for spot check measurements?				
Record of each calibration, inter-comparison, and comparison maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Events	4731	N/A	Yes	No
If medical events have occurred since the last audit, evaluate the incident(s) and procedures for implementing and administering written directives using the existing guidance.	4525	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notifications		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring Physician Patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In writing/By telephone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If notification did not occur, why not?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Reports Submitted to MDH within 15 days?	4525	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mobile Medical Service	4731	N/A	Yes	No
Operates services per 4731.4428 and 4731.4475?				
Compliance with 4731.2090 evaluated and met?				
Letter signed by management of each client?	4428			
Licensed material was not delivered to client's address (unless client was authorized)?	4428			
Dosage measuring instruments checked for proper function before used at each address of use or on each day of use, if more frequent?	4428			
Survey instruments checked for proper operation before used at each address of use?	4428			
Survey of all areas of use prior to leaving each client address?	4428			
Additional technical requirements for mobile remote afterloaders per 4731.4475?				

Audit Summary and Signature

Special license conditions or issues to be reviewed:

Evaluation:

Audits and Findings

Summary of findings:

Corrective and preventive actions:

Audit conducted by:

Date:
