1 McCaw Drive
Avondale
Box A1710
Avondale
Harare
Zimbabwe

Phone: +263 4 335627
+263 4 335683
Email: officialmail@rpaz.co.zw
Website: www.rpaz.co.zw

RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT (CHAPTER 15:15)

CHECKLIST FOR COMMISSIONING AND REGULAR INSPECTION OF NUCLEAR MEDICINE FACILITIES

Guidance Notes for Inspector(s):

Prepare a visit agenda to review the operating programme with details contained in the application for authorization, the authorization certificate (if any), prior programme reviews, inspection reports and their implementation, relevant correspondence and other relevant documentation such as dosimetry reports.

Check the following for compliance with the authorizations and with RPAZ requirements.

Monitoring equipment and accessories required should be available for use as and when required.

Give entry briefing to the most senior management personnel.

A. GENERAL INFORMATION

(i) Name of Institution: .....

(ii) Address of Institution: ……..……..

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(iii) Contact Details:

Telephone: ……

Fax: ……..

E-mail: .....

(iv) Authorization Number: ……..

(v) Name and Qualifications of the:

(a) Nuclear Medicine Physician

Name: …….

Qualification: ……..

Certification: ……

Experience: ……

E-mail: ……

(b) Radiation Medical Physicist

Name: …….

Qualification: ……..

Certification: ……

Experience: ……

E-mail: ……

(c) Radiographer/Nuclear Medicine Technologist

Name: …….

Qualification: ……..

Certification: ……

Experience: ……

E-mail: ……

(vi) Name and qualifications of the Radiation Protection Officer
(If not the Radiation Medical Physicist)

Name: …….

Qualification: ……..

Certification: ……

Experience: ……

E-mail: ……

(vii) The name and title of the Responsible representative of the legal person: ……..……..
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B. INFORMATION ON CLINICAL PRACTICES

i. In-vitro investigators

a) Information on Personnel

Name	**Profession**	**Qualification**	**Experience**

b) Information on Equipment
(In-Vitro Counting and Lab Equipment)

Type	Manufacture	Model	Date Acquired	Functional	
				Yes	No

c) Information on Radio Immunoassay kits
(Radio Immunoassay Kits)

Type	Bulk	Ready to use	Manufacturer	Kits per	
				Month	Year

d) Information on Procedures

Main Fields Referral:

In Vitro Procedures

Type of Investigation	Are written protocols available? (Y/N)	Number of tests per month	Turnaround time	Are there adequate controls and checks on the results?	
				Yes	**No**

ii. In-vivo investigators

a) Information on Personnel

Name	Profession	Qualifications	Experience

b) Please list all available Imaging and Non-Imaging Equipment (e.g. Scintillation Camera (Planar or SPECT) or Thyroid Update Systems). List computer imaging systems as well.

Type	Manufacturer	Model	Date Acquired	Functional	
				Yes	**No**

c) Labeling kits use In-Vivo studies

Type	Manufacturer	Kits Used MBq/week

d) Information on Procedures

Main Fields Referral:
In Vivo Procedures

Investigation	Are Written Protocol Available? (Y/N)	Number of investigations per month	Turnaround time

e) Hospitalization Facilities

	Yes	**No**
Is isolation Room available?		
Is there a separate toilet available?		
Are delay tanks available?		
Are adequate waste disposal procedures available?		
Are rules available for discharging patients?		
Are rules available for control of patients?		
Are written instructions for visitors available?		
Are radiation signs available?		
Are patient instructions available?		
Are nursing staff instructions available?		

C. THERAPEUTIC PROCEDURES

a) Information on personnel

Name	**Profession**	**Qualifications**	**Experience**

b) Information on available equipment (e.g. source calibrator)

Type	**Manufacture**	**Model**	**Date Acquired**	**Functional**	
				Yes	**No**

c) Information on radiopharmaceuticals

Type	Manufacturer	Activity ordered MBq/week

d) Information on procedures (therapeutic)

Main field referral:

Procedure	Are written protocol available? (Y/N)	Number of procedures per month

D. INSPECTION FINDINGS

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RECOMMENDATIONS

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Name of Inspector: ……

Signature: …….

Date: ……..