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RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT (CHAPTER 15:15)

CHECKLIST FOR INSPECTION OF RADIOLOGICAL LABORATORY FACILITIES

A. GENERAL INFORMATION

a. Name of facility: ……

b. Address: …….....

……...

c. Telephone: ……....

d. E-mail: ……..

e. Licence number: ……...

f. Name and title of the responsible representative/legal person:

…….....

B. AUTHORIZED OPERATORS

Name	Title	Qualification/Certification

NB: Include RSO, Responsible Radiologist and other authorized operators		

C. RADIATION DETECTING EQUIPMENT

Location	**Detector Type**	**Status**	**Detector**		
			Model	*S/N*	*Resolution*
NB: Include Manufacturer details (country, year)					

D. VERIFICATION OF RADIATION SAFETY

1. Facility Design and Shielding

		Yes	No
Facility Design			
Is current drawing of the laboratory available?			
Was a safety assessment by a qualified expert performed prior to any modifications			
Is there sufficient ventilation in the laboratory			
Does the laboratory size meet the minimum required floor area?			
Are the sample drying ovens functioning properly?			
Are fume-hoods available?			
Laboratory Safety Control Mechanism			
Is the laboratory protected from adverse environmental conditions (heat, moisture, etc)	Provided? Working?		
Is fire detection and protection in the laboratory tested and working (tested periodically)	Provided? Working?		
Comments (if any) …….....			

2. Personnel Safety

i) Are personnel properly monitored for radiation exposure?		
ii) Is radioactive waste storage clearly labeled and away from work area?		
iii) Are appropriate protective equipment available and in use? E.g (lab coats, respirator masks, gloves and eye wear)		
iv) is eating and drinking clearly prohibited in restricted		

areas		
v) Is the calibration check-source storage area clearly labeled and far from the workplace area		
Comments (if any) ……..... ....……		

3.Quality Assurance

i. Are sample receiving procedures available
ii. Are sample receiving logs available
iii. Are sample preparation procedures available and visible?
iv. Are sample analysis procedure available and visible
v. Are emergency procedures written and posted?
vi. Are instrument control procedures available and posted near their respective instruments?
vii. Are results being dispatched in a reasonable period of time?
viii. Do laboratory equipment operators have the appropriate training?
Comments ……..... ……

4.Gamma spectrometer checklist

	Yes	**No**

i. Are instrument control manuals available posted near the instruments?		
ii. Has the instrument been calibrated in the past year?		
iii. Are instrument calibration records being kept		
iv. Are validated sample analysis containers being used		
v. Are instruments being operated by qualified personnel?		
vi. Are instrument control procedures available and posted near their respective instruments?		
vii. Are instrument maintenance and service records being kept?		
viii. Is backup power available for the instruments?		
ix. Are all cables well secured and secured properly?		
Comments (if any) ……..... .... ……		

5. Verification of Records

	Yes	**No**
a) Does the registrant/licensee display the authorization certificate?		
b) Are personal dosimetry records being kept?		
c) Are there laboratory local rules in place?		
d) Are normal operating and emergency procedures written and available for review by operators?		
e) Are radioactive waste disposal logs available?		

f) Are weekly wipe test records kept?		
g) Are weekly ambient dose records kept?		

E.COMMENTS

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F. RECOMMENDATIONS

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Names of Inspectors……

Facility representative……..……

Date……..