



X-RAY AUTHORIZED USER AUDIT RECORD – RAS FORM 14

DATE: _____

SOURCE LOCATION AND TYPE: _____

- 1. List all Authorized Users for this device. _____
2. Are training records available and current for all individuals listed as operators? [] Yes [] No
3. Is an application for the use of X-Ray machines (RAS #9) form completed for the Authorized User/s listed in question #1 above? [] Yes [] No
4. Is the equipment properly labeled with a standard tri-foil and words to the effect of "Caution, High Intensity X-ray Beam" on the source housing and "Caution, this Equipment Produces Radiation when Energized" on any switch that energizes the tube or "Caution, Radioactive Material" on the source housing if appropriate? [] Yes [] No
5. Is there an easily visible warning light with the words "X-ray On" located at each entrance to the controlled area that is lit only during operation? [] Yes [] No
6. Are monthly radiological surveys performed and documented on X-Ray survey log (RAS 13) in a manner to ensure no individual is receiving a dose in excess of local control levels? Are daily survey checks completed if necessary? [] Yes [] No
7. Are surveys available for initial installation, following any change in local components, following any maintenance that requires removal or change to local components, and during any maintenance activities? [] Yes [] No
8. Is the area or room properly posted IAW standard radiological practice? [] Yes [] No
9. Are operating procedures written and available that covers startup, shutdown, steady-state operation, and emergencies? [] Yes [] No
10. Are RAS #10 instrument utilization logs available and current? [] Yes [] No
11. On open beam configurations, is there a device which either prevents access to the primary beam or shuts off the device upon entry into beam path? [] Yes [] No
12. On open beam configurations, is there an easily discernable warning device that gives indication of tube or shutter status at the point of tube or shutter control? [] Yes [] No

Action Items required on above areas: _____

AUTHORIZED USER: _____

RADIATION SAFETY OFFICER: _____