I. **INTRODUCTION**

This form documents performance of the annual radiation protection program audit. The audit consists of a review of the program’s content and implementation, evaluating it’s effectiveness in complying with regulatory requirements and keeping radiation exposures to workers and the general public as low as reasonably achievable (ALARA). Records of annual audits must be available for inspection by the agency.

License Name: _____________________________________________________________

License No.: _______________ Date of Audit: __________

Auditor: ________________________________________________________________

(name, title)

______________________________________________________________

(signature)

Management Review: _____________________________________________________

(name, title)

______________________________________________________________

(signature)

II. **AUDIT HISTORY**

A. Last audit conducted on (date): __________________________

B. Any deficiencies noted?..............Yes No

C. Were corrective actions taken?......Yes No N/A
   (look for signs of recurrence)

D. Brief description of prior deficiencies, corrective actions taken: ________________

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III. **ORGANIZATION AND SCOPE OF PROGRAM**

A. If the mailing address or permanent address changed, has the license been amended to reflect the change? ...........................................N/A    Yes    No

B. If ownership has changed or bankruptcy has been filed, was the agency notified? .........................................................................................N/A    Yes    No

C. Does the license authorize all sources & devices possessed? ............................ Yes    No

D. Do all temporary job sites meet regulatory definition (serve only one contract, open for less than 18 months)? ...................................................... Yes    No

E. If no to A., has the agency been notified? ............................................................ Yes    No

F. If the RSO has changed, has the license been amended to identify the new RSO? ............................................................................................N/A    Yes    No

G. Is the RSO meeting the duties & responsibilities for the position?....................... Yes    No

H. Is company management appropriately involved with the radiation protection program & oversight of the RSO’s activities? .................................Yes    No

I. Does RSO have sufficient time to perform all duties/responsibilities? ................... Yes    No

J. Staffing sufficient to support to rad. protection program? ................................. Yes    No

IV. **MEMBER OF PUBLIC (MOP) DOSE LIMITS**

A. Has a MOP dose compliance study been developed, submitted & approved by the agency? .................................................................Yes    No

B. Have licensed activities changed during the year to increase likelihood of public dose limits being exceeded? ............................................Yes    No

C. If yes to B., has a new MOP study been performed to demonstrate compliance with MOP dose limits is still being achieved? .................. N/A    Yes    No

V. **TRAINING PROGRAM**

A. Are workers likely to exceed 100 mrem/yr provided radiation awareness training? .........................................................................................Yes    No

B. Have gauge Authorized Users (AUs) completed approved training? .............. Yes    No

C. Hazmat employee training provided to workers per 49 CFR Part 172? .......... Yes    No

D. Field observations of operators demonstrate use of safe work practices & compliance with regulatory requirements? .................. N/A    Yes    No
VI. **PERSONNEL MONITORING (PM)**

A. **If PM is conducted:**

1. PM badges worn properly & protected from heat, light, moisture & chemicals when not being worn? .................................................................Yes  No

2. PM badges consistently stored with the control badge in a protected location when not in use? .................................................................Yes  No

3. Are badges exchanged in a timely fashion to ensure accurate dosimetry reports? .................................................................Yes  No

4. Any badges lost or damaged? .................................................................Yes  No

5. If yes to 4., was RSO immediately notified & record of worker’s estimated dose provided to badge vendor and kept on file? ....................Yes  No

6. Any spare badges assigned to workers? ...................................................Yes  No

7. If yes to 6., were spare badges marked to identify worker it was assigned to, & vendor notified to add spare badge dose to worker’s occupational exposure total? .................................................................Yes  No

8. Are dosimetry reports reviewed by the RSO upon receipt? ....................Yes  No

9. Are PM records maintained on NRC-issued or equivalent forms? ............Yes  No

   (a) **NRC** Form NRC-4 “Cumulative Occupational Exposure History” or equivalent completed for each monitored worker? ....................Yes  No

   (b) **NRC** Form NRC-5 “Occupational Exposure Record for a Monitoring Period” or equivalent completed for each monitored worker? ..........Yes  No

10. Upon hiring, female workers provided instructions regarding radiation risk to embryo/fetus and procedure for declared pregnancies, and documentation of receipt of instructions maintained on file? .......N/A  Yes  No

11. Female workers declaring pregnancy document their declaration, are provided instructions regarding monitoring and limiting the dose to the embryo/fetus, and receipt of instructions documented? ..............N/A  Yes  No

12. For workers that have declared pregnancies, records kept demonstrating embryo/fetus dose < 50 mrem for gestation period? .......N/A  Yes  No

13. Annual & termination reports provided to workers per 64E-5.903? ..........Yes  No

14. PM records reviewed from (dates): _______________ to _______________

15. Highest annual dose: ____________mR  Date: __________________

16. Occupational exposures within limits? .....................................................Yes  No

17. Do PM records indicate that worker doses are being kept ALARA? ..........Yes  No
VI. PERSONNEL MONITORING (PM)

B. If PM is not conducted:

1. Has a request for an exemption been submitted & approved by the agency? ................. Yes  No
2. Have licensed activities changed during the year to increase workers’ radiation exposures (i.e., expanded work load)? ................. Yes  No
3. If yes to 2., has a new evaluation been performed to demonstrate workers’ doses are likely to remain < 500 mrem/yr? ......................... Yes  No

VII. POSTING AND LABELING

A. Following documented posted at permanent facility:

1. Emergency procedures ................................................................. Yes  No
2. “Notice to Employees” ................................................................. Yes  No
3. Any notice of violations, proposed imposition of administrative penalties, and agency issued orders and responses to the cited violations ................. Yes  No
3. Company radioactive materials license, and company operating procedures unless a notice (such as the “Notice to Employees” form) is posted that identifies the documents and where they can be viewed ................................................. Yes  No

B. Above documents posted in conspicuous location(s) to permit workers to observe them on way to/from work? ................................................. Yes  No

C. Radiation signs:

1. “Caution (or Danger), Radioactive Material” signs: posted at permanent facility & job sites where portable gauging devices are stored? ................. Yes  No
2. “Caution (or Danger), Radiation Area” signs: Is manufacturers’ information kept on file to demonstrate that device’s radiation levels are too low to require posting of radiation area signs around storage areas? ......................................................... Yes  No

D. Portable gauging devices bear durable, clearly visible labels w/ radiation symbol, “Caution (or Danger), Radioactive Material” warning, & sufficient information to permit individuals to avoid/minimize exposures? ......................... Yes  No

VIII. SECURITY

A. Each portable gauging device is provided a storage/transport container equipped w/ lock? ................................................................. Yes  No

B. Minimum of two independent physical controls used to prevent access to portable gauging devices during transport and temporary storage? ................. Yes  No
VIII. **SECURITY**  (Continued)

C. Portable gauging devices kept secured against unauthorized access/removal when not under direct surveillance? ................................................................. Yes  No

D. Extra precautions used to deter theft (e.g., concealing devices from view during transport/storage, maintaining elevated level of awareness in high crime areas?) .......................................................... Yes  No

IX. **OPERATING AND EMERGENCY (O&E) PROCEDURES**

A. Any revisions to O&E procedures made that have not been reviewed & approved by the agency? ................................................................. Yes  No

B. O&E procedures list correct phone numbers for RSO & the agency? .... Yes  No

C. O&E procedures accompany portable gauges at all times? .................. Yes  No

X. **TRANSPORTATION**

A. Portable gauging devices transported to job sites are prepared & transported in same manner as when offered to third party for shipment? ........ Yes  No

B. Only DOT-7A or other authorized packages used to transport devices? .... Yes  No

C. Packages used to ship devices properly marked & labeled per 49 CFR Part 172, Subparts D & E? ................................................................. Yes  No

D. Shipping containers properly locked, blocked & braced prior to transport? Yes  No

E. Prior to shipment, transport containers inspected to ensure proper packaging, unimpaired physical condition of container & closure devices?.... Yes  No

F. Properly completed bill of lading & emergency response information provided for each device shipment? ............................................. Yes  No

G. Shipping papers & emergency response information immediately accessible to driver during shipment of devices? ................................. Yes  No

H. Devices classified as excepted instruments/articles (e.g., XRF analyzers) have notice included w/ package listing consignor/consignee name & conformity statement per 49 CFR 173.422? ..................................... Yes  No

XI. **GENERAL RULES OF USE**

A. Management & RSO emphasize to workers importance of maintaining doses ALARA? ................................................................. Yes  No

B. Field observations of workers conducted to evaluate performance? ......... Yes  No

C. Good work practices used by workers to minimize doses (i.e., time, distance, shielding, general use rules)? ........................................... Yes  No
XII. LEAK TESTS

A. Sealed sources leak tested at required intervals? ................................. Yes  No
B. Leak tests conducted by authorized personnel following procedures approved by the agency? ................................................. Yes  No
C. Leak test records include all information required by the agency? ............. Yes  No
D. Any sources found leaking, & if so, was the agency notified? ..................... Yes  No

XIII. GAUGE INVENTORY

A. Receipt & transfer/disposal records maintained? ........................................ Yes  No
B. Portable gauging devices physically inventoried at 6-month intervals? .......... Yes  No
C. Inventory records document all necessary information? .............................. Yes  No

XIV. GAUGE MAINTENANCE

A. Copies of the manufacturer’s operation/maintenance manuals maintained on file for reference? ................................................................. Yes  No
B. Manufacturer’s procedures referenced & followed for routine cleaning & lubrication of portable gauging devices? ................................. Yes  No
C. Non-routine device maintenance performed in-house? ................................. Yes  No
D. If yes to C., is non-routine device maintenance conducted by authorized personnel following procedures approved by the agency? ......................... Yes  No

XV. RADIATION SURVEY INSTRUMENTS

A. If a survey meter is not possessed, are specific plans in place to have one available when needed? ................................................................. N/A  Yes  No
B. If a survey meter is possessed:
   1. Has the meter been approved by the agency? ......................................... Yes  No
   2. Is there access to an equivalent back-up meter when the primary meter is out for calibration/repair? ......................................................... Yes  No
   3. Is the meter calibrated annually & after repair by a licensed vendor, & are calibration records maintained? ...................................................... Yes  No

XVI. RECORD KEEPING, NOTIFICATIONS & REPORTS

A. All required documents maintained on file at permanent facility for duration specified by the agency? ............................................................. Yes  No
B. Did any incidents/emergencies occur since last audit? ............................... Yes  No
XVI. RECORD KEEPING, NOTIFICATIONS & REPORTS  

C. If yes to B., was the response appropriate? (i.e., operator followed emergency procedures, required notifications/reports timely filed, cause of incident investigated, corrective actions taken & documented? .......... Yes  No

XVII. INDEPENDENT AUDITS/INSPECTIONS

A. Any independent audits/inspections conducted since last internal audit (e.g., consultant or FL BRC inspection)?..................................................... Yes  No

B. If yes to A., summary of deficiencies identified & corrective actions taken:

                                                                                                                                   
                                                                                                                                   

XVIII. AUDIT DEFICIENCIES & CORRECTIVE ACTIONS

A. Summary of problems/deficiencies identified during this audit: __________________________

                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   
                                                                                                                                   

Page 7 of 8
XVIII. **AUDIT DEFICIENCIES & CORRECTIVE ACTIONS** (Continued)

B. Description of corrective actions planned or taken: ____________________________

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C. Description of other recommendations for improvement: ______________________

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