



**THE UNIVERSITY OF WESTERN ONTARIO
HUMAN RESOURCES
OCCUPATIONAL HEALTH AND SAFETY**

NON-MEDICAL¹ X-RAY INSPECTION CHECKLIST

(R.R.O. 1990, Reg. 861)

Cabinet (enclosed) Analytical (open) other(specified): _____

Permit Holder: _____ Permit No.: _____ Phone: _____
 Building: _____ Department: _____ Room: _____
 Completed by: _____ Signature: _____ Date: _____
 Followed up by (RSC): _____ Signature: _____ Date: _____

EQUIPMENT

Manufacturer: _____ Model No: _____
 Type of Unit: _____ Serial No: _____
 Max. kV: _____ Max. mA: _____

CONTROL

Radiation Warning Sign on Door and Control Panel:	Yes	No	N/A	Warning Light When X-Rays are Produced:	Yes	No	N/A
Reading kVp Meter:	Yes	No	N/A	Reading mA Meter:	Yes	No	N/A
Main "On" Indicated:	Yes	No	N/A	X-Ray "On" Indication:	Yes	No	N/A
Lock or Key:	Yes	No	N/A	Cabinet/Shield/Sample interlock:	Yes	No	N/A

PROTECTION

Interlock functioning:	Yes	No	N/A	Whole system is shielded:	Yes	No	N/A
Locking Device Fitted to Unused Port Flap Shutter:	Yes	No	N/A	Dosimeters worn by Authorized User(s):	Yes	No	N/A
Safety Manual/SOP:	Yes	No	N/A	Access to Appropriate Survey Meter:	Yes	No	N/A
Permit Holder & user's Training completed:	Yes	No	N/A	Radiography Log Record:	Yes	No	N/A
(General & Specific) Certificate & record							
Technique chart posted:	Yes	No	N/A	Lead Lining of Cabinet/Wall:	Yes	No	N/A
Additional Authorized Users:	Yes	No	N/A				

¹ Not used on human

The following is to be completed by the Health and Safety Consultant – RSC at the follow-up inspection

RADIATION MEASUREMENTS AT OPERATING kVp _____ mA _____ seconds _____

(To be performed by Radiation Safety Coordinator – RSC)

Monitoring Instrument: Victoreen Model 451B-DE-SI Serial No. 6071

Cabinet

		$\mu\text{Sv/hr}$	
Tube Housing:	Not Detected	Detected _____	N/A
Any Joint, Coupling or Interface Between Beam Ports and Collimators:	Not Detected	Detected _____	N/A
Shutters (Including used and unused):	Not Detected	Detected _____	N/A
Radiation Enclosure System:	Not Detected	Detected _____	N/A
Shield Barrier at Sample Side:	Not Detected	Detected _____	N/A
Operator’s position:	Not Detected	Detected _____	N/A

Analytical, Industrial Radiography, Industrial Fluoroscopy or Veterinary

Walls (outside):	Not Detected	Detected _____	N/A
Entrance Door (closed):	Not Detected	Detected _____	N/A
Control Booth through Glass:	Not Detected	Detected _____	N/A
Operator’s position:	Not Detected	Detected _____	N/A

Background Radiation

Please retain the completed X-ray safety inspection checklist for the follow-up inspection