# **Monthly Safety Checklist for enclosed X-ray equipment**

**Regulations 20(1) to 20(4) of the Ionising Radiations Regulations 2017**

**All monitoring records must be available for inspection by the Group RPS, uNIVERSITY RPO, RPA and the Regulators at any time. They must be kept locally for a minimum of 2 years**

1. **Location information**

|  |  |
| --- | --- |
| **Campus:** | **Designation of Area:** |
| **Department / Group:** | **Date:** |
| **Laboratory (Bldg/floor/room):** | **Name of Radiation Protection Supervisor (RPS):** |

1. **Instruments present in designated area (Fill in the information relating to the instrument(s) that are present in the laboratory).**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monitor Type** | **Serial no (s)** | **Instrument Scale Counts s-1** | **Calibration check** | **Battery Check** | **Display Check** | **Audio Check** | **Detector Check** | **Background Indication Counts s-1** |
|  | **√** | **X** | √ | **X** | **√** | **X** | **√** | **X** |
| **Mini 900/5.40****44A** |  |  |  |  |  |  |  |  |
| **Mini 900/5.40****44B** |  |  |  |  |  |  |  |  |
| **RADHOUN D/ SS500** |  |  |  |  |  |  |  |  |

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| --- | --- | --- |
| **Monthly Safety Checklist for enclosed X-ray equipment** | **Year:** |  |
| **Equipment details (make/model):** |  |
| No. | Check | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| **1** | X-ray warning light(s) illuminate when x-rays are on |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Radiation dose rates <1µsv/h\* on contact with outside of cabinet (all sides) when x-rays on(*if required – check Risk Assessment*) |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Emergency stop(s) button(s) working |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | With the sample chamber door open, check x-ray irradiation cannot commence until sample door closed |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Keys to operate equipment kept secure? (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Audible alarm/sound when x-rays commence (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Any actions required? Y/N***(If any actions required; record details of action taken on next page)* |  |  |  |  |  |  |  |  |  |  |  |  |
| **Checks completed by? (initials)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date (DD/MM/YY)** |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date** | **Action taken** | **Name** |
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