

University of Wisconsin-Milwaukee
University Safety and Assurances
Radiation Safety Program

RADIONUCLIDE LABORATORY AUDIT FORM

Date: _____

Authorized User: _____ Authorization Expires: _____

Office # and Building: _____ Phone: _____

Laboratory Tech: _____ Phone: _____

AUTHORIZED RADIONUCLIDES (in mCi as of _____)

Radionuclide: _____

Present Bal: _____

Order Limit: _____

Poss. Limit: _____

AUTHORIZED LABS: _____

YES NO

GENERAL/PERSONNEL

_____ Radionuclide Use Guide is current and available to lab personnel.
(Guide# _____)

_____ Personnel working in or frequenting lab have taken exam and appear on printout.

_____ Lab personnel are given adequate training in the safe handling and use of radionuclides.

_____ Dosimeters are worn as required.

_____ Badged personnel know where dosimetry reports are maintained.

SURVEYS

_____ Wipe tests are adequate and documented, as required.

_____ Survey meter is available and operational.

_____ GM monitoring is performed and documented, as required.

_____ Decontaminations are performed and documented.

_____ Current surveys are posted and previous survey records are maintained for 2 years.

RECORD KEEPING

Receipts, uses, and disposals are recorded on inventory sheets and radionuclide log book.

Sewer, atmosphere and transfer disposals are reported on waste disposal forms.

OBSERVATIONS

Current surveys are posted.

Signs are properly posted.

Emergency phone #'s are posted.

Radionuclide storage and waste areas are labelled and secure.

Radionuclide use and storage areas are adequately shielded.

Beverages and food are not consumed, stored, or prepared in lab.

No smoking in lab.

No mouth pipetting of radioactive material.

Gloves are worn.

Lab coats are worn.

Absorbent paper is used for liquid procedures.

Additional Remarks:

Auditor: _____ Date: _____