

**University of California Berkeley
Office of Environment, Health & Safety - Radiation Safety**

Routine Survey Checklist (Unsealed/Sealed)

RUA # _____ **Class:** _____ **Date:** _____ **Surveyed By:** _____
RUA Holder: _____ **Lab Contact:** _____
Department: _____ **Location(s):** _____
Contacted during survey: **RUA Holder** **Lab Contact** **User:** _____

	Y	N	NA	NR	Comments / Actions
Posting					
1) Are all entrances posted with a Caution Door Sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Is the contact information up to date/legible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Is the current RUA posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Is the Emergency Procedures Poster posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Is the Notice to Employees Poster posted in the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RUA Records					
5) RUA Change(s) requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Are the LC and RH receiving survey reports and all RUA related communications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Are users aware of where the RSM can be found?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Is non-user training being administered/documentated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9) Self-Surveys:					
a. Performed at the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Are periods of no radioactive materials use properly documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Are the self-surveys adequate (i.e. appropriate to the work being performed, properly documented, and include all work areas, lab coats, shared rooms, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Are corrective actions properly documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Instruments, PPE, Dosimetry, and Bioassays					
10) Are assigned survey meters available, in calibration, functional, and in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11) PPE:					
a. Is lab appropriate clothing worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Are required PPE available and worn by users handling radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12) Dosimetry:					
a. Are dosimeters being properly worn while handling radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Are dosimeters stored away from radiation fields when not being worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13) Are bioassays being performed at the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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	Y	N	NA	NR	Comments / Actions
Radioactive Materials Controls					
14) Are all radioactive materials adequately secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15) Designated radioactive materials use areas:					_____
a. Are Radioactive Materials only used or stored in authorized rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Are all areas & equipment properly delineated and/or labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Are all areas lined with absorbent paper and/or a spill tray where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Double containment used for all radioactive liquids (including wastes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16) Are radioactive materials being handled safely and in accordance with the SOPs and RUA precautions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17) Is housekeeping in the radioactive materials use area(s) adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18) Are all users following the Campus "Food in Labs" policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19) Are hoods, shielding, required engineering controls, etc. functioning properly and in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

EH&S Surveys

20) Meter survey performed:					
a. Were all readings < 2x background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
b. Readings over 2x background were below RSM limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
21) Wipe survey performed:					
a. Were all readings < 2x background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
b. Readings over 2x background were below RSM limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
22) Leak test/contamination checks were performed. No leakage or contamination found (all readings < 0.005 µCi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Meter Used: _____					_____
SN: _____ Bkg: _____					_____
Wipes Counted on _____ LSC					_____

RSIS Inventory

23) Users are maintaining their inventory in RSIS in a timely manner & keeping stock and/or sealed source locations up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24) Contents of waste containers in the lab match RSIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25) All items I requested to see were found during my ___ Spot Check ___ Complete Physical Inventory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Radioactive Waste

26) Is all radioactive waste being collected in appropriate containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27) Are all waste containers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28) Are the radioactive waste containers uncluttered and not overflowing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other: _____

Y = Yes, N= No, NA = Not Applicable, and NR = Not Reviewed