# SEMI-ANNUAL X-RAY RADIOGRAPHER EVALUATION

: :

LOCATION: _____ DATE: _____ TIME: _____

RADIOGRAPHER: _____ EVALUATOR: _____

| **A. OPERATING AND EMERGENCY PROCEDURES** | **YES** | **NO** | **N/A** |
|---|---|---|---|
| 1. Were the SOPs used and followed? | | | |
| 2. Were the SOP located at the console? | | | |
| 3. Was the radiographer familiar with emergency procedures and location in the SOP? | | | |
| **B. SURVEY INSTRUMENTS** | | | |
| 1. Was the survey instrument response checked prior to use? | | | |
| 2. Did the radiographer have and use a calibrated and properly operating survey meter? | | | |
| 3. Were the required number of survey meters available? | | | |
| 4. Did the survey meter(s) have current calibration dates? | | | |
| **C. USE OF TLDS AND EPDS** | | | |
| 1. Was the radiographer wearing proper personnel dosimetry? | | | |
| 2. Did radiographer ensure other personnel (e.g., barrier monitors) were wearing proper personnel dosimetry? | | | |
| 3. Did radiographer know what actions to take in event of alarming EPD? Error code? Blank screen? | | | |
| **D. SHIELDED FACILITY OPERATIONS** | | | |
| 1. Was the vault checked to ensure no one remained inside? | | | |
| 2. Were door interlocks for shielded facility operations verified to be functional? | | | |
| 3. Were warning lights and audible alarms for shielded facility operations verified to be functional? | | | |
| 4. Was proper signage for shielded facility operations verified in satisfactory condition? | | | |
| 5. Was a quick scan survey conducted? Was it performed and documented properly? | | | |
| 6. Was key control maintained for the X-ray unit at all times? | | | |
| 7. Did the radiographer properly survey the X-ray tube head after each radiographic exposure. | | | |
| **E. OBSERVATION OF ALARA PRINCIPLES** | | | |
| 1. Did the radiographer best utilize time, distance and shielding to minimize radiation exposures? | | | |
| **F. Open Facility Operations** | | | |
| 1. Were High Radiation and Radiation Areas calculated? | | | |
| 2. Were High Radiation and Radiation Area boundaries properly established and posted? | | | |
| 3. Were areas cleared prior to operations? | | | |
| 4. Were barrier monitors briefed prior to operations? Was a beacon light used? Did it illuminate simultaneously with X-ray generation? | | | |
| 5. Did the radiographer properly clear the tube head after each exposure? | | | |
| 6. If radiation area boundary exceeded 2 mR/hr was the barrier recalculated, moved, or stay time calculated? | | | |
| 7. Was key control maintained for the X-ray unit at all times? | | | |
| 8. Was control and surveillance of High Radiation/Radiation Areas maintained at all times during operations? | | | |

COMMENTS:

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|---|---|
| RADIOGRAPHER NAME *(print or type)* | SIGNATURE AND DATE |
| EVALUATOR NAME *(print or type)* | SIGNATURE AND DATE |
| RADIATION SAFETY OFFICER NAME *(print or type)* | SIGNATURE AND DATE |

All fields are required

Complete all required fields and mark unused optional fields with N/A.