SEMI-ANNUAL INTERNAL AUDIT FOR X-RAY RADIOGRAPHY

NAME AND TITLE OF AUDITOR *(print or type):* _____ DATE: _____

1. RADIATION MEDICAL EXAMS	**YES**	**NO**	**N/A**
a. Does the command maintain a Memorandum of Agreement (MOA) or Inter-Service Support Agreement (ISSA) with the supporting medical command, activity, or medical department, that addresses the specific services required by the RASP command to be in compliance with the radiation health requirements of NAVMED P-5055 and NAVSEA S0420-AA-RAD-010? *Date of Agreement: _____	* ☐	☐	☐
b. Does the MOA or ISSA commit the parties to mutually inform each other of all inquiries regarding radiation health issues and any actual, potential, or alleged radiation injuries to RASP personnel?	☐	☐	☐
c. Are personnel considered for routine assignment to duties or occupations as radiation workers given an ionizing radiation medical examination prior to assignment or transfer to those duties?	☐	☐	☐
d. Does the command ensure radiation medical examinations are completed within the timeframes specified in NAVMED P-5055?	☐	☐	☐
2. RECORDS OF OCCUPATIONAL RADIATION EXPOSURE			
a. DOSE INVESTIGATIONS AND ESTIMATES			
(1) Are dose investigations and dose estimates documented and maintained as prescribed by NAVMED P-5055 and FRCSEINST 5104.1enclosure (3)?	☐	☐	☐
(2) Is all the supporting data for each dose investigation or dose estimate maintained with the official document copy?	☐	☐	☐
(3) Are paper or electronic copies of dose investigations and dose estimates maintained indefinitely by the generating and affected command?	☐	☐	☐
b. EXPOSURE RECORDS AND MONITORING			
(1) In addition to the paper copies in an employee's medical record, does the command or designated central repository maintain a copy of each employee's external radiation exposure results indefinitely in a secure location?	☐	☐	☐
(2) Does the RSO notify each monitored individual of his or her exposure following each issue period? *Means of notification: _____	☐	☐	☐
(3) Does the RSO notify each monitored individual of his or her cumulative exposure to ionizing radiation annually? *Means of notification: _____	☐	☐	☐
(4) Are the annual exposure notification reports in writing and contain, at a minimum, the year for which the report applies, the name of the command or activity, the name of the individual monitored, and the individual's exposure information?	☐	☐	☐
(5) Are exposure records (i.e., environmental or area monitoring using primary dosimetry) and other documents used to demonstrate compliance with public dose limits documented as prescribed by NAVMED P-5055 and maintained indefinitely?	☐	☐	☐
(6) Have there been any exposures above the levels anticipated and any exposures exceeding an authorized administrative control level (ACL)?	☐	☐	☐
*If YES, did the RSO investigate and document all exposures above the levels anticipated and any exposures exceeding an authorized administrative control level?	☐	☐	☐
(7) Does the command maintain paper or electronic copies of all ACL extensions indefinitely?	☐	☐	☐
(8) Does the command ensure that the information received from personnel dosimetry devices is accurate and that the procedures for handling, storing, and wearing the various devices are being followed per NAVMED P-5055?	☐	☐	☐
(9) Has the command provided accurate and timely submissions of situational and annual reports to the Naval Dosimetry Center as required by NAVMED P-5055?	☐	☐	☐
(10) Does the command ensure the health record custodian documents all personnel monitoring results for occupational exposures to ionizing radiation in the health records and that individual health record entries (DD Form 1141 or NAVMED Form 6470/10) and all supporting records are correct, concise, and in agreement with instructions contained in NAVMED P-5055?	☐	☐	☐
3. RASP RELATED TRAINING			
a. Management/Leadership Training:			
(1) Within the first six months of assuming command, has the CDR, CO, or OIC successfully completed the RASP Leadership Course (S-NKO-0001) available on the NAVSEADET RASO Naval Knowledge Online (NKO) website and annually thereafter? ☐ CDR ☐ CO ☐ OIC Name: _____ Date performed: _____			

	YES	NO	N/A
(2) Has the CDR, CO, or OIC been provided an annual RASP leadership briefing by the RSO/ARSO? Date performed: _____	☐	☐	☐
(3) Do other key leadership personnel also receive the annual RASP leadership training by the RSO/ARSO? *List of key personnel: _____ *Date(s) Performed: _____	☐	☐	☐
b. RSO and ARSO Training Records			
(1) Prior to assuming the duties, has RSO or ARSO successfully completed the NAVSEADET RASO RSO Course (S-4J-0016)? *RSO Name: _____ *Date completed: _____ *ARSO Name: _____ *Date completed: _____ *ARSO Name: _____ *Date completed: _____	☐	☐	☐
(2) Have all RSOs and ARSOs completed refresher training every five years in order to remain qualified by one of the following means? - Successfully re-completing the NAVSEADET RASO RSO course (S-4J-0016). - Completing 5 RASP continuing training credits within the previous five years. *RSO Name: _____ *Dates completed: _____ *ARSO Name: _____ *Dates completed: _____ *ARSO Name: _____ *Dates completed: _____	☐	☐	☐
c. RASP Related Training			
(1) Have the following RASP related training topics been properly conducted and documented? (a) Barrier Monitor Qualification Training Date: _____ (b) Annual Barrier Monitor Refresher Training Date: _____ (c) Radiographer/Radiographer Assistant Qualification Training Date: _____ (d) Radiographer/Radiographer Assistant Annual Refresher Training Date: _____ (e) Radiation Worker Training Date: _____ (f) Radiation Worker Annual Refresher Training Date: _____ (g) Non-Radiation Worker Training (e.g.:Emergency personnel, firefighters, security) Date: _____ (h) Non-Radiation Worker Refresher Training Date: _____ (i) Members of the public and other organizational personnel working in proximity to RASP controlled areas *Date: _____	☐	☐	☐
(2) Does the command retain documentation demonstrating that local command and commercial courses have been approved by RASO? Have these courses been reviewed and re-approved every five years? Description of course: _____ Date course approved: _____	☐	☐	☐

d. Performance of Semi-Annual X-Ray Radiographer and X-ray Radiographer Assistant (RA) Evaluations	YES	NO	N/A
(1) Has the command established a program that evaluates each radiographer's or RA performance, during an actual radiographic operation, at intervals not to exceed six months? (Circle One) Radiographer/RA: _____ Date: _____ Radiographer/RA: _____ Date: _____ Radiographer/RA: _____ Date: _____ Radiographer/RA: _____ Date: _____ Radiographer/RA: _____ Date: _____ Radiographer/RA: _____ Date: _____ Radiographer/RA: _____ Date: _____	☐	☐	☐
(2) Was the radiographer/RA evaluated using the checklist and attributes contained in FRCSEINST 5104.3, enclosure (3) ?	☐	☐	☐
(3) Was the radiographer/RA evaluated using the checklist and attributes contained in FRCSEINST 5104.3, enclosure (3) ?	☐	☐	☐
4. RADIATION SURVEYS			
Are radiation protection surveys being conducted and reviewed in a timely manner? Radiation Protection Survey Date: _____	☐	☐	☐
5. REQUIRED RECORDS AND REPORTS			
a. Are records and reports properly maintained and issued in a timely manner as specified in FRCSEINST 5104.1/5104.3?	☐	☐	☐
b. Have incident reports been made as required in FRCSEINST 5104.1/5104.3?	☐	☐	☐
6. QUARTERLY SURVEILLANCES OF RASP OPERATIONS AND OPEN FACILITY OPERATIONS			
a. Are supervisor responsible for operations subject to RASP controls conducting and documenting a surveillance of operations at least quarterly? RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____	☐	☐	☐
b. Is the RSO conducting and documenting surveillances of RASP operations at least quarterly and open facility operations at intervals not to exceed three months? RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____ RASP Operation: _____ Date: _____	☐	☐	☐
7. CORRECTIVE ACTIONS IDENTIFIED DURING PREVIOUS EVALUATIONS, INSPECTIONS, REVIEWS, AUDITS AND RDRs			
a. Have all corrective actions listed on previous Radiation Protection Survey and Inspection forms been completed and are the corrective actions effective?	☐	☐	☐
b. Have all corrective actions identified during previous internal audits and surveillances, annual program review and RDRs been completed and are the corrective actions effective?	☐	☐	☐

c. List all RDR's generated since the last semi-annual radiation protection audit:

RDR Serial Number: _____ Date: _____

RDR Serial Number: _____ Date: _____

RDR Serial Number: _____ Date: _____

RDR Serial Number: _____ Date: _____

RDR Serial Number: _____ Date: _____

RDR Serial Number: _____ Date: _____

RDR Serial Number: _____ Date: _____

Annotated any trends detected below based on the review of the RDRs listed above.

Name(s) of person(s) contacted by the auditor:
Operations observed:

Finding:	Organization/Person Responsible for Corrective Action:
Root Cause:	Actual or Estimated Completion Date:
Corrective Action:	

Finding:	Organization/Person Responsible for Corrective Action:
Root Cause:	Actual or Estimated Completion Date:
Corrective Action:	

Finding:	Organization/Person Responsible for Corrective Action:
Root Cause:	Actual or Estimated Completion Date:
Corrective Action:	

_____ _____

RSO/ARSO CONDUCTING AUDIT NAME *(print or type)* SIGNATURE AND DATE

COMMANDING OFFICER COMMENTS

_____

COMMANDING OFFICER SIGNATURE AND DATE

*Completed as needed, all other fields are required

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