RADIATION PROTECTION SURVEY

LOCATION:			DATE:
INSPECTOR:		RADIOGRAPHER:	
X-RAY UNIT *(make/mode/serial no)*:			
kVp:	mA:	TARGET TO BARRIER DISTANCE:	FACILITY CLASSIFICATION:

SURVEY INSTRUMENTS

MAKE	MODEL	SERIAL NO.	CALIBRATION DATE

LIST INTERLOCKS, AUDIBLE, VISUAL AND EMERGENCY DEVICES

FACILITY DIAGRAM AND EXPOSURE READINGS *(Include adjacent areas and occupancy)*

*FACILITY DEFICIENCIES:

*CORRECTIVE ACTIONS/DATE OF ACTION

This facility ☐ **DOES** ☐ **DOES NOT** **meet all requirements for a Shielded Facility.**

SIGNATURES

Inspector:	Date:
Radiation Safety Officer:	Date:

*Optional Fields - All Other Fields are Mandatory