OHIO UNIVERSITY
RADIATION SAFETY REVIEW

(Refer to Annual Radiation Safety Report Summary for comments on circled items.)

I. LICENSE CONDITIONS

1. Expiration date of license:

2. Were license possession limits exceeded? Limit total activity __________. Purchased activity from ______ thru ______.

3. Was there any use of radionuclides or procedures not authorized by license?

4. Were there any unauthorized users of radioactive material?

5. Were all protocols reviewed and updated regularly?

6. Have periodic audits and inspections been performed?

II. SEALED SOURCES

7. Were any sealed sources opened?

8. Were sealed sources inventoried on a semi-annual basis?

9. Were applicable sealed sources leak tested every six months?

10. Was leak test capable of detecting 0.005 μCi of radioactive material?

11. Were adequate records of sealed source inventory and leak tests maintained?

12. Were “leaking” sealed sources properly handled and reported?

13. Were leak tests performed by ODH authorized person?

14. Are sealed sources stored properly (shielding, security)?
YES  NO  N/A

III. RADIATION SAFETY COMMITTEE AND RSO

15. Is the current list of members up to date?

16. Did the committee meet at least one time per calendar quarter?

17. Were radiation safety records maintained and reviewed?

18. Were duties completed as specified in the current license application?
   a) Review exposure records routinely?
   b) Approve all new authorized users and procedures?
   c) Review radiation safety program for the stated academic year?
   d) Review the annual performance of the radiation safety officer?

19. Were RSO duties performed as specified in the current license application?

IV. INSTRUMENTATION

20. Are lists for survey and counting instruments current?

21. Have survey instruments been calibrated annually with documentation?

22. Were procedures for calibration of instruments followed as stated in the current license application?

23. Have records of instrument calibration been properly maintained?

24. Are instrument types adequate for the Radiation Safety Program?
V. PERSONNEL TRAINING PROGRAM

25. Have all personnel working with radioactive materials received documented training in accordance with the current license application?

YES   NO   N/A

VI. ORDERING AND RECEIPT OF RADIOACTIVE MATERIAL

26. Were ordering procedures in accordance with the current license application? Refer to Radiation Safety Committee meeting minutes of August 2 and November 15, 2007. This issue was dealt with at those times.

27. Were all packages delivered directly to the Radiation Safety Office?

28. Were the procedures for opening packages followed as outlined in the current license application?

29. Were package receipts and surveys/wipe tests recorded appropriately?

30. Have laboratory safety and/or emergency procedures stated in the current license application been followed?

31. Are emergency procedures posted in rooms where controlled areas are located?

32. Have records of all area surveys been maintained?

VII. RADIOACTIVE WASTE DISPOSAL

33. Was all waste disposed of in accordance with current license application and with OAC 3701:1-38-19?

34. If disposal via the sanitary sewer system or air dispersion was used, were the appropriate calculations performed to ensure compliance with current regulations? (Calculation in Radiation Safety Office file).
YES  NO  N/A

35. Were any disposal limits listed in OAC 3701:1-38-12, Appendix C, disposal by release to sanitary sewage exceeded?

36. If waste was disposed through a commercial entity were applicable regulations and procedures followed?

37. Were appropriate waste records maintained?

VIII. BIOASSAY

38. Were bioassay procedures performed in compliance with OAC 3701:1-38-12 and the Radiation Safety Handbook?

IX. NOTICES AND POSTINGS

39. Are signs and labels posted in compliance with OAC 3701:1-38-18?

40. Were notifications and reports to individuals in compliance with OAC 3701:1-38-10?

41. Are current copies of the OAC, the current license documents, operations procedures (i.e., Radiation Safety Handbook), and violations of license posted or a notice distributed indicating the location(s) of these items?

42. Is form ODH-3 posted in all areas where radioactive materials are utilized?

X. EMPLOYEE EXPOSURE AND MONITORING PROGRAM

43. Was any individual working in a controlled area exposed to radiation in excess of the limits stated in OAC 3701:1-38-12? If yes, have these exposures been reported in compliance with OAC 3701:1-38-21? (See attached exposure summary, if applicable).

44. Was personal monitoring in compliance with OAC 3701:1-38-14 (Surveys and Monitoring)?
YES    NO    N/A

45. Was the company providing personal dosimeter services licensed by the Ohio Department of Health?  

46. Are personnel monitoring records maintained in compliance with OAC 3701:1-38-20?  

XI. USE AND TRANSFER OF MATERIAL  

47. Were all transfers made as authorized in OAC 3701:1-50-05?  

48. Were appropriate records maintained for transfer of licensed material?  

49. Were investigative levels of exposure used in compliance with ALARA program?  

50. Is there a Radiation Safety Manual available in controlled areas?  

51. Are facilities as indicated in the current License Application?  

XII. Emergency Preparedness Plan  

52. Were any radioactive alpha emitting or self-fissioning neutron emitting materials in unsealed form, on foils or plated sources, or sealed in glass received into Ohio University’s inventory, which met or exceeded the threshold requiring an emergency preparedness plan be devised?  

53. Were any radioactive beta or gamma emitting materials, received into Ohio University’s inventory, which met or exceeded the threshold requiring an emergency preparedness plan be devised?  

54. Was an evaluation performed to demonstrate that the limits requiring an emergency preparedness plan were not exceeded?
APPROVED BY RADIATION SAFETY COMMITTEE ON _______________________

ANNUAL REPORT AND SUMMARY REVIEWED

COMMITTEE CHAIR ________________________ DATE ________________________

RADIATION SAFETY OFFICER ________________________ DATE ________________________

ASSOCIATE VICE PRESIDENT, RISK MANAGEMENT & SAFETY ________________________ DATE ________________________

ALTERNATE RADIATION SAFETY OFFICER ________________________ DATE ________________________

VICE PRESIDENT FOR ADMINISTRATION & FINANCE ________________________ DATE ________________________
To: All Radiation Safety Committee Members

From: Chair of Radiation Safety Committee

Re: Performance Review - Radiation Safety Officer and Staff

Ohio University is required by its Ohio Department of Health Broad Scope Material’s License to complete an annual audit of the Radiation Safety Program. The Radiation Safety Office will maintain a log that will note the (1) “Radiation Safety Office duties”, (2) frequency requirements for individual duty, (3) dates duties were completed, (4) signature of individual who logged date(s), (5) comments regarding items. Selected members of the Committee will review the log and, if necessary, review the primary records and record their observation on the form. The audit will be sent to the Vice President for review and comment.

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<tr>
<th>Above Acceptable</th>
<th>Less than Acceptable</th>
<th>No Observation</th>
<th>Duties and Responsibilities</th>
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<td>1  Determines compliance with rules, regulations, license conditions, and committee decisions.</td>
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<td>2  Provides consultation on all aspect of radiation protection to involved personnel.</td>
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<td>3  Monitors receipt, delivery, opening, packaging, and shipping of radioactive materials arriving at or leaving the university.</td>
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<td>4  Monitors and evaluates monitoring equipment or tracking personnel exposure. Notifies personnel of unusual exposures. Recommends remedial action.</td>
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<td>5  Conducts training programs for use of radioactive materials.</td>
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<td>6  Monitors and coordinates radioactive waste disposal program.</td>
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<td>7  Monitors storage of radioactive materials not currently in use.</td>
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8 Monitors leak tests on ODH-regulated sealed sources.

9 Monitors calibrations or radiation survey instruments.

10 Maintains inventory of all radioisotopes and ensures that quantities are in accordance with those authorized by ODH.

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<td>11 Terminates unsafe activities.</td>
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<td>12 Monitors decontamination and recovery operations.</td>
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<td>13 Monitors maintenance of radiation safety program records in accordance with OAC 3701:1-38-20.</td>
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<td>14 Monitors training for occasional visitors.</td>
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<td>15 Monitors supervisor training of their radiation workers.</td>
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<td>16 Observes and monitors cold runs of approved radiation projects (as required by Radiation Safety Committee).</td>
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<td>17 Monitors surveys (internal and external) laboratories as required by ODH License and the Radiation Safety Committee.</td>
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<td>18 Monitors Bioassay Program as required by ODH and the Radiation Safety Committee.</td>
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