ANNEX E

INDUSTRIAL/ANTI-CRIME FACILITY SELF ASSESSMENT CHECKLIST

(*Adapted from the current FDA-CDRRHR Radiation Protection Survey and Evaluation (RPSE) Checklists*)

Name of Facility	**Date Accomplished**
Facility Address	**X-ray Facility Type**

I. MACHINE DETAILS *(for those applied for initial authorization only)*

#	Type of Installation / Machine*	Manufacturer / Model	Max. mA	Max. kVp	Serial Number	Application/ Use**	Location
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*Indicate whether: Cabinet Type, Closed Installation, Open Installation, Handheld, Linear Accelerator (LINAC)

**Indicate whether: Radiography, Fluoroscopy (Thickness Gauge/Analytical/Scanning Electron Microscopy/Spectrometry/Diffractometry/Photo-ionizer/Fat Analyzer/Computed Tomography/LINAC/Baggage Inspection)

II. PERSONNEL REQUIREMENTS

(please check "yes" if complied, "no" if not complied, and N/A if not applicable)

REQUIREMENT *(Based on DOH AO No. 40 s. 1996 and AO 149 s. 2004)*	**YES**	**NO**	**N/A**
1. The facility shall have and appoint a Radiation Protection Officer (RPO) who is an individual who has undergone training in radiation protection for industrial and anti-crime facilities conducted and/or recognized by the CDRRHR.			
2. The facility shall have operators who have completed training in radiation protection for industrial and anti-crime work conducted and/or recognized by the CDRRHR.			

III. OPERATIONAL AND ADMINISTRATIVE REQUIREMENTS

(please check "yes" if complied, "no" if not complied, and N/A if not applicable)

REQUIREMENT *(Based on DOH AO No. 40 s. 1996 and AO 149 s. 2004)*	**YES**	**NO**	**N/A**
1. The facility shall have or make available a radiation monitoring instrument for the purpose of carrying out regular radiation monitoring surveys of x-ray units. The radiation monitoring instrument shall be calibrated at least once a year.			
2. The Radiation Protection Officer (RPO) shall establish and be responsible for the conduct of a Radiation Protection/Safety Program under which the following policies should be included: ***(PROVIDE A SCANNED COPY)***			
a. Policy on dose monitoring for operators (including interns, OJTs), pregnant personnel, etc.			

b. Policy on radiation protection/safety of pregnant women. (e.g. posting of notices, risk communication, etc.)			
c. Records and analysis of personnel dose monitoring. Service Provider: _____ Subscription period: _____ Official Receipt No. _____ No. of TLD/OSL: _____			
d. Guidelines of appropriate action for operators/personnel that exceeded dose limits. (action plan, corrective measures, risk communication, etc.)			
e. Process of reporting and notification in cases of exceeded doses.			
f. Area Survey Monitoring for scattered radiation.			
g. Policy on the access of operators and other personnel to the site/location of the x-ray machine.			
h. Policy on monitoring of equipment for possible detection of significant leakage radiation.			
i. Policy on working procedures and protocols when operating the x-ray machine.			
j. For open installations, policy on continuous and competent supervision of the site during the conduct of x-ray exposure.			

IV. GENERAL PHYSICAL PLANT REQUIREMENTS AND PROTECTIVE DEVICES

(please check "yes" if complied, "no" if not complied, and N/A if not applicable)

REQUIREMENT *(Based on DOH AO No. 40 s. 1996 and AO 149 s. 2004)* ***(PROVIDE DIGITAL/SCANNED COPY OF FACILITY FLOOR PLAN/LAYOUT)***	**YES**	**NO**	**N/A**
1. Audible and visual warning signs shall be provided within the perimeter where the machine is installed or will be operated. The audible and visual warning signs shall be actuated before the irradiation and shall remain actuated until completion of the irradiation.			
2. Site Requirements:			
a. **For Closed Installations**			
i. all walls and doors shall be made of materials which will reduce radiation level to 2.5 μSv per hour (0.25 mR/hr).			
ii. there shall be functioning interlocks installed either in the machine or on the door.			
b. **For Open Installation**			
i. The boundaries of an open field shall be clearly defined by some appropriate means such as ropes, perimeter cords, or fences.			
ii. Dose equivalent rate outside the boundary shall not exceed 25 μSv per hour (2.5 mR/hr)			
3. Warning notices shall be posted along defined boundaries and shall be made up of a solid yellow equilateral triangle 180 mm long on each side. At the center of the triangle is a black tre-foil sign for radiation. Under the triangle are the words "**CAUTION – X-RAY EMITTING APPARATUS."** The warning notice shall be on a 180 mm x 270 mm white background.			

V. MACHINE OPERATORS (USE SEPARATE SHEETS IF NECESSARY)

Name	Position	Relevant Training in Radiation Protection

VI. TYPICAL SET-UP OF THE MACHINE DURING OPERATION

(Schematic Diagram or Brief Description)

X-ray Machine:	**Location:**

Radiation Measurements:

Readings:

A. _____ **E.** _____ **I.** _____ **M.** _____
B. _____ **F.** _____ **J.** _____ **N.** _____
C. _____ **G.** _____ **K.** _____ **O.** _____
D. _____ **H.** _____ **L.** _____ **P.** _____

***please indicate the measurement points in the room layout.**

Instrumentation:

Radiation Dosimeter Used:
Serial Number: _____
Date of Calibration: _____
Calibration Due Date: _____
Calibration Factor: _____

I hereby declare that this application has been accomplished by me, and that the foregoing information and attached documents required for the authorization are true and correct,

PREPARED AND ACCOMPLISHED BY:		
Name:	**Designation/Position:**	**Date:**

ATTESTED BY (FACILITY HEAD/MANAGER)		
Name:	**Designation/Position:**	**Date:**