

## Quarterly Radiation Inspection Report

<b>Georgia Department of Corrections</b>				
<b>Through Body Scanner Checklist/Non-Medical X-Ray Equipment Checklist</b>				
No.	QUESTIONS	YES/NO	DATE	REMARKS
1.	Are health safety signs properly placed?			
2.	Are health safety signs current?			
3.	Has device been checked by DCH?			
4.	Date of last check by DCH?			
5.	Is operational protocol current?			
6.	Is operational protocol in control console drawer?			
7.	Are only authorized individuals who have been trained in radiation safety and completed the Operators Training on the OD SECURITY NA SOTER RS SCANNER, operating the security scanner?			
8.	Have confidentiality reports been completed by all operators?			
9.	Are proper records of all refusals being recorded and logged?			
10.	Has the GDC Fire Services and Life Safety Division performed an Initial and Annual "refresher" Radiation Safety Training? (See IV.F.)			
11.	Does the GDC Fire Services and Life Safety Division monitor radiation safety records in accordance with applicable federal regulations and policies?			

**X** \_\_\_\_\_

Radiation Safety Officer

**X** \_\_\_\_\_

Chief of Security

**X** \_\_\_\_\_

Deputy Warden of Security

**X** \_\_\_\_\_

Warden

Retention Schedule: Upon completion, this form shall be maintained for six (6) months in the folder or notebook attached to the Non-Medical x-ray equipment. After six (6) months the forms shall be stored for the remainder of seven (7) years in a local holding area and then destroyed.