

UT HEALTH SAN ANTONIO LABORATORY CONTAMINATION SURVEY
 Environmental Health and Safety Department
 Radiation Safety Division

PRINCIPAL INVESTIGATOR: CERECERO, JENNIFER A Laboratory: _____
 Department: ENVIRONMENTAL HEALTH & SAFETY Inspection Date: _____
 Person Present: _____ Tele. No. _____

PURPOSE: Contamination Wipe Tests, Meter Survey, and Observe General Laboratory Conditions.

1. POSTINGS:	YES	NO
a. Outside Placard	_____	_____
b. Notice to Employees	_____	_____
c. Emergency Numbers	_____	_____
d. "Follow-Up" Card	_____	_____
e. No Food/Drink Sign	_____	_____
f. Waste Area Signs Posted	_____	_____
g. Radiation Use Area Signs Posted	_____	_____
h. Sink Posted	_____	_____
i. Frig/Freezer Signs Posted	_____	_____

2. RECORDS:	YES	NO
a. Receipt Disposal Forms Verified	_____	_____
b. Current Inventory Verified	_____	_____
c. Inventory Listings Returned Promptly	_____	_____
d. Personnel Training Verified	_____	_____
e. Wipe Test Records Current	_____	_____
f. Action Logs Current	_____	_____
g. Waste Disposal Records Adequate	_____	_____
h. Class 3b or 4 Laser Present (SN, Make, Model)	_____	_____

3. RADIATION SAFETY CONDITIONS:	YES	NO
a. Evident RAM Security	_____	_____
b. Hallway Freezer Locked	_____	_____
c. Work Area Covered	_____	_____
d. Labware Properly Labeled	_____	_____
e. Solid Waste Properly Segregated	_____	_____
f. Solid Waste Properly Labeled	_____	_____
g. Scintillation Vials Properly Segregated	_____	_____
h. Scintillation Vials Properly Labeled	_____	_____
i. Liquid Waste Properly Segregated	_____	_____
j. Liquid Waste Properly Labeled	_____	_____

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|--|-------|-------|
| k. Waste Areas Properly Shielded | _____ | _____ |
| l. Radiation Detector Available | _____ | _____ |
| m. Radiation Detector Operational | _____ | _____ |
| n. Radiation Detector Calibrated (yearly) | _____ | _____ |
| o. Dosimeter(s) worn appropriately | _____ | _____ |
| p. Area Free of Radioactive Material Contamination | _____ | _____ |
| q. No Elevated Radiation Levels Detected in Lab | _____ | _____ |

- | 4. LABORATORY SAFETY CONDITIONS: | YES | NO |
|--|-------|-------|
| a. No Evidence of Food/Drink | _____ | _____ |
| b. Proper PPE worn | _____ | _____ |
| c. Eyewash Station Works Properly | _____ | _____ |
| d. Safety Shower Certification Current | _____ | _____ |
| e. Fume Hood Certification Current | _____ | _____ |
| f. Laboratory Airflow Verified | _____ | _____ |
| g. No Mercury Thermometers Present | _____ | _____ |
| h. No Cloth Chairs in Lab Areas | _____ | _____ |
| i. No Outdated/Potentially Explosive Chemicals | _____ | _____ |
| j. 18" Clearance from Ceiling Maintained | _____ | _____ |
| k. Chemicals Properly Segregated | _____ | _____ |
| l. Liquid Chemicals Stored Properly | _____ | _____ |
| m. No Excessive Chemicals in Fume Hood | _____ | _____ |
| n. No Excessive Equipment in Fume Hood | _____ | _____ |
| k. Heat Sources separated from Combustibles | _____ | _____ |
| l. No Flammable chemicals in Fridge/Freezer | _____ | _____ |

COMMENTS: _____
