

Sample Annual Audit for Cabinet X-ray Systems

5/12/2022

Chapter 4732.0540 requires the registrant to ensure that the quality assurance program, its content, and implementation are reviewed annually for compliance with the rule. The registrant must ensure that all radiation program audits are performed according to procedures established by the registrant or radiation safety officer. Any noncompliance issues found during the audit must be corrected and documented. The radiation safety officer must review any corrective actions taken.

The following page contains an example of a checklist that could be used for a facility's audit. The facility may have existing forms, a way to retrieve the information electronically or would prefer computer generated forms. These are all acceptable, provided the information is complete and available at the time of inspection.

The sample program audit below may not be complete for all facilities and may include items that are not applicable to all facilities. Each facility should create a site-specific audit form.

Audit History

Audit Item	Rule Part	N/A	Yes	No
Date of the previous audit:				
Deficiencies identified, list and explain	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective actions taken:	4732.0540	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Radiation Safety Officer

Audit Item	Rule Part	N/A	Yes	No
Radiation Safety Officer (RSO) designated	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO Delegation Agreement in place	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSO established ALARA program	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All equipment registered with MDH	4732.0500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDH notified of new/removed equipment	4732.0200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personnel

Audit Item	Rule Part	N/A	Yes	No
Equipment operators trained in radiation safety program	4732.1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment operators trained in operating procedures	4732.1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment operators trained in emergency procedures	4732.1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Monitoring Devices

Audit Item	Rule Part	N/A	Yes	No
Facility use of individual monitoring devices	4732.0440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitors worn correctly	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
New employee individual monitor (dosimeter records) history collected	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Employees annually notified of accumulated dose	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Employees notified of total dose upon termination	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>
Monitoring records maintained for a minimum of 30 years	4732.0440		<input type="checkbox"/>	<input type="checkbox"/>

Policies

Audit Item	Rule Part	N/A	Yes	No
Radiation Safety policies and procedures in place	4732.1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment

Audit Item	Rule Part	N/A	Yes	No
Methods for locking and securing equipment from unauthorized use	4732.1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspected according to manufacturer's recommendations	4732.1040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Findings

Corrective and Preventive Actions

Audit Conducted By

Signature _____

Date _____

Title _____

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To obtain this information in a different format, call: 651-201-4545.