# X-Ray Monthly Check Sheet

All departments must have appropriate maintenance and testing schedules in place for equipment, engineering controls, design features, safety features and warning devices installed for radiation protection purposes. This regime should be implemented for radiation generator installations (x-ray sets and accelerators) and sealed source equipment. Regular user safety checks must be completed using this form or a suitable alternative.

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| --- | --- | --- | --- | --- | --- | --- |
| **School / Faculty / Business Unit** | **Location and building** | | | | | |
|  |  | | | | | |
| **Type of Equipment** | **Manufacturer** | | | | | |
|  |  | | | | | |
| **Serial Number** | **Energy range of emissions** | | | | | |
|  |  | | | | | |
| **Testing Details** | | | | | | |
| Items should be checked periodically, the University recommends a minimum test period of monthly for all safety devices associated with X-ray generators / accelerators. | | | | | | |
| ***ITEM CHECKED AND FUNCTIONING*** | | | YES | | NO | N/A |
| Safety Interlocks | | |  | |  |  |
| Warning lights | | |  | |  |  |
| Sirens / audible alarms | | |  | |  |  |
| Shutter mechanisms | | |  | |  |  |
| Emergency Stop devices | | |  | |  |  |
| Guarding / shielding in place | | |  | |  |  |
| Controls (incl. buttons, keys, labels) | | |  | |  |  |
| Electrical safety (cables, power) | | |  | |  |  |
| Routine monitoring being completed regularly | | |  | |  |  |
| Other (please add rows) | | |  | |  |  |
| **Please Note:** If any defects are found the equipment must be taken out of use immediately and prohibited from future use until rectified | | | | | | |
| **Check conducted by** | | | | | | |
| Name and position: | | Date: | | Signature: | | |
|  | |  | |  | | |