

ADVANCED MEDICAL SYSTEMS OPERATING PROCEDURE

DAILY CHECKLIST

ISP-4 Rev. 01/95

Page 1 of 2

- 1.0 PURPOSE: To provide a formal checklist for daily routine checks of equipment functions and safety instruments.
- 2.0 PRECAUTIONS AND LIMITATIONS:
 - 2.1 These checks are to be performed each working day that Isotope Shop personnel are in the facility.
 - 2.2 If gamma alarm light is flashing red or an audible alarm is heard, do not enter the area until a survey meter check verifies the degree and source of radiation.
- 3.0 INSTRUCTIONS:
 - 3.1 Enter week starting and ending dates on Form ISP-5A.
 - 3.2 As each check is performed, the individual shall initial in the appropriate day block.
 - 3.3 Any problems encountered during a check will be noted in the Comments section of the form and reported to the RSO.
 - 3.4 Any check not performed (day off, instruments not used, etc.) should be marked N/A for that day.
 - 3.5 At the end of the week, submit the completed form to the RSO for review.

Prepared by: Robert Meschter

Approved by: *R Meschter*

Date: 1-24-95

DAILY CHECKLIST

ISP-4A

Week starting: _____

Week ending: _____

	MON	TUE	WED	THU	FRI	SAT	SUN
Inspect air monitor chart for abnormal readings.	___	___	___	___	___	___	___
Air monitor time delay @5 min	___	___	___	___	___	___	___
Cell/Cell Control Area manometer reading 0.2-0.4.	___	___	___	___	___	___	___
Six Alarm board alarm lights dimly lit. None brightly lit.	___	___	___	___	___	___	___
Green light-Cell Control Area gamma alarm.	___	___	___	___	___	___	___
Green light-ISA gamma alarm.	___	___	___	___	___	___	___
Boiler-A/C system functioning.	___	___	___	___	___	___	___
Green light-Clean Equipment Room gamma alarm.	___	___	___	___	___	___	___
Blowdown air compressors	___	___	___	___	___	___	___
Stack sampler flow & pressure.	___	___	___	___	___	___	___
Well counter & scaler checks.	___	___	___	___	___	___	___
Inventory check sources.	___	___	___	___	___	___	___
Response check survey inst.	___	___	___	___	___	___	___

COMMENT: _____

Performed by: _____ Date: _____

Reviewed by RSO: _____ Date: _____