

POGUE INDUSTRIES INCORPORATED

5200 Manchester
St. Louis, Mo. 63110

Radiation Safety and Control Program

10.3.E

Forms Procedure

8510040273 850909
REG3 LIC30
24-24541-01
PDR

: Rev. :	Signature	: Date :
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
: 0 :	President <i>Harold Pogue</i>	: 7/08/85 :
: 0 :	Q.A. Manager <i>Allen E. Bergert</i>	: 6/24/85 :
: 0 :	prepared by <i>Harold Pogue</i>	: 3/04/85 :

CONTROL NO. 7 936 8

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2.0 APPLICATION

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FORMS PROCEDURE

1.0 OBJECTIVE

- 1.1 Define the procedure for organization, use and control of forms.

2.0 APPLICATION

- 2.1 Forms required and recommended for operation of the Radiation Safety Program are included as appendices to this section. The time and manner of application are defined in the other section of the program.

3.0 PROCEDURE

- 3.1 Origination of new forms shall be at the direction and with the approval of the Radiation Safety Officer (RSO).
- 3.2 Revisions of forms shall be identified by sequential letter changes. All changes shall be approved by the RSO.
- 3.3 Effectivity of changes will be determined by the RSO.
- 3.4 Forms instructions and distribution are found on the reverse side of each form, as required.
- 3.5 NOTE: Forms used by the Radiographer are also included in the O & EP.

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY

1. Name: _____ 2. Social Security No. _____
 (Print Last First Middle)

3. Date of Birth: _____ 4. Age in Full Years (N) _____
 (Month Day Year)

Occupational Exposure - Previous History

5. Previous Employments involving Radiation exposure-List name & address of employer	6. Dates of employment (From - To)	7. Periods of Exposure	8. Whole Body (rem)	9.		10. Remarks
				Record	Cal.	

Accumulated Occupational Dose - Totals 11.

Calculations - Permissible Dose

12. Whole Body:

a - Permissible Accu. Dose = 5 (N-18) = _____ rem
 b - Total Exposure to Date (from item 11) = _____ rem
 c - Permissible Dose..... = _____ rem

13. Certification: I certify that the exposure history listed above is correct and complete to the best of my knowledge and belief.

Employee's Signature _____ Date _____
 RSC Monitor Signature _____ Date _____

Note: Attach copies of correspondence to employees previous employer requesting exposure history as required in item 5.

POGUE INDUSTRIES INCORPORATED

DATE OF THIS REPORT: _____

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DATE OF EMPLOYMENT: From _____ To _____

Our records indicate your accumulated radiation dose to be _____
millirems during your period of employment with Pogue Industries
Incorporated.

This report is furnished to you under the provision of the
Nuclear Regulatory Commission regulations entitled "Standards for
Protection against Radiation" (10-CFR Part 20). You should
preserve this report for future reference.

Radiation Safety Monitor

cc:

RADIOACTIVE MATERIAL INVENTORY (REQUIRED QUARTERLY)

[illegible]

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

CERTIFICATION OF RADIATION SAFETY TRAINING
FOR PREVIOUSLY TRAINED RADIOGRAPHERS

I. NAME _____ EMP. NO. _____ LAB/PROJECT _____
DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
DATE EMPLOYED _____
(Month-Day-Year)

II. The above named Radiographer has been previously certified to use radioactive sources as a fully qualified Radiographer prior to employment with Pogue Industries Incorporated. However, to ensure that he has received adequate radiation safety prior to being designated as a fully qualified Radiographer with this Company, the following training and examinations were given:

1. Informative instructions on Pogue Industries Incorporated operating and Emergency Procedures, instruments, sources, devices and equipment used in the course of performing their duties in radiographic inspection.

(Min. eight (8) hours)

Instructor _____ No. of Hrs. _____ Date _____

2. Passed a written examination to determine his knowledge of topics outlined in Pogue Industries Incorporated Training Procedure and Operating and Emergency Procedures.

Date _____ Examination Score _____

3. Demonstrated satisfactorily his competence to perform industrial radiography and use and the necessary related tools and equipment associated with such operations.

_____ Date

4. Received a copy of this Company's Radioactive Material License, Operating and Emergency Procedures, and Agreement State or Federal Regulations for Control of Radiation.

_____ Date

5. Recieved instructions of the subjects described in the
USNRC Case Histories of Radiography Accidents

(Min. two (2) hours)

Instructor _____ No. of Hrs. _____ Date _____

III. Previous training and experience as a Radiographer using radio-
active sources is as follows:

1. Employed as Radiographer's Assistant from _____ to _____
working for _____
Company Name

2. Received formal instruction of topics outlined in Pogue
Industries Incorporated Services Training Procedure.

_____ on _____
Company name Date

3. Was first qualified as a Radiographer at _____
Company Name

on _____
Date

4. Has worked as a Radiographer for the following companies on
the dates shown:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

IV. I hereby certify the above information is correct to the best of
my knowledge.

(Signature of Radiographer)

Date

(Signature of Lab/Project Manager)

Date

Approved as Radiographer

(Signature of Radiation Safety Officer)

Date

Date Certification Expires: _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY PROGRAM

RADIOGRAPHER RADIATION SAFETY TRAINING CERTIFICATION

I. NAME _____ EMP. NO. _____ LAB/PROJECT _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
 DATE EMPLOYED _____
 (Month-Day-Year)

II. The above named individual has satisfactorily completed Pogue Industries Incorporated Radiographer Training Program and has received Radiation Safety Training and testing as specified below.

1. Attend instruction on the topics outlined in the Training Procedure Paragraph 3.2.1

a. Origin and Nature of Radiation (Min. one (1) hour)	Firm, School or Instructor	No. of Hrs.	Date
b. Characteristics of x-rays and gamma rays (Min. one-half (½) hour)	Firm, School Instructor	No. of Hrs.	Date
c. Interaction of Radiation with Matter (Min. one (1) hour)	Firm, School or Instructor	No. of Hrs.	Date
d. Biological Effects of Radiation (Min. one and one-half (1-½) hours)	Firm, School or Instructor	No. of Hrs.	Date
e. Units of Radiation Dose (Min. one (1) hour)	Firm, School or Instructor	No. of Hrs.	Date
f. Methods of Controlling Radiation (Min. two (2) hours)	Firm, School or Instructor	No. of Hrs.	Date
g. Radiation Detection and Measurements (Min. two (2) hours)	Firm, School or Instructor	No. of Hrs.	Date
h. Radiographic Equipment (Min. one (1) hour)	Firm, School or Instructor	No. of Hrs.	Date
i. The Requirements of Federal or Agreement States Regula- tions (Min. two (2) hours)	Firm, school or Instructor	No. of Hrs.	Date

- (Min. two (2) hours)

(Min. two (2) hours)

Date Certification Expires:

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY CONTROL PROGRAM

ASSISTANT RADIOGRAPHER
RADIATION SAFETY TRAINING CERTIFICATION

I. NAME _____ EMP. NO. _____ LAB/PROJECT _____
DATE OF BIRTH _____ SOCIAL SECURITY NO. _____
DATE EMPLOYED _____
(Month-Day-Year)

II. The above name individual has satisfactorily completed Pogue Industries Incorporated informative instructions and testing for Radiographer Trainee as specified below.

1. Attend informative instruction on the topics outlined in the Training Procedure Paragraph 3.2.

a. Basic Radiation Safety

b. Needs and requirements for personnel monitoring.

(Min. four (4) hours)

Instructor _____ No. of Hrs. _____ Date _____

2. Passed a written examination and an oral review on basic radiation safety at the conclusion of the four (4) hours of informative instructions (Basic Radiation Quiz). _____
Date _____

III. Completed a minimum of two (2) weeks of on-the-job training as a Radiographer Trainee from _____ to _____
Date _____ Date _____

IV. The above named individual has satisfactorily completed Pogue Industries Incorporated Assistant Radiographer Training Program and has received Radiation Safety Training and testing as specified below.

1. Attend instruction on the topics outlined in the Training Procedure Paragraph 3.2.5 (Min. sixteen (16) hours)

a. Operating and Emergency Procedures

b. Radiography Equipment

Instructor _____ No. of Hrs. _____ Date _____ to _____
Date _____

2. Successfully completed the written examination, oral review and demonstration to use the necessary tools and equipment associated with the position of Radiographer's Assistant.

Date _____ Exam Score _____

V. I hereby ceritfy the above information is correct to the best of my knowledge.

(Signature of Assistant Radiographer)

Date

(Signature of Lab/Project Manager)

Date

Approved as Assistant Radiographer

(Signature of Radiation Safety Officer)

Date

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

RECEIPT OF RADIATION SAFETY AND CONTROL PROGRAM PROCEDURES

TO: Radiation Safety Officer
Pogue Industries Incorporated
5200 Manchester
St. Louis, Mo. 63110

I have received my personal copy of the Pogue Industries Incorporated Radiation Safety And Control Program 10.4.B Operating and Emergency Procedures, Pogue Industries Incorporated By-product Material License, US NRC regulations or applicable agreement state regulations.

I have read the contents and fully understand all rules and regulations and will follow them at all times.

I further understand that violation of these rules and regulations will be cause for disciplinary action.

Emp. No. _____
Pogue Industries Incorporated

Document Control No. _____

Radiation Safety Monitor _____

Date _____

If other than a Pogue Industries Incorporated employee, fill in the following information. Changes in this manual will be sent to you.

Name _____ Title _____

Company/Organization _____

Address _____

City, State, Zip _____

Document Control No. _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

QUARTERLY RADIOGRAPHER AUDIT

Location_____	Date_____
Radiographer_____	
Monitor_____	Jobsite_____
Exposure Device Model_____	S/N_____
Source_____	S/N_____
Survey Meter: Model_____	S/N_____
Cal. Date_____	

Instructions:

The purpose of the unscheduled survey is to check the Radiographer for compliance with company policies and NRC/State regulations. The following items should be checked during the unscheduled survey, but they are only minimum requirements. Additional items that are checked should be recorded under "Remarks". The Monitor must record the corrective action for all items found to be unsatisfactory.

ITEM	Sat.	Unsat.
Is the radiation area adequately being surveyed and controlled? Action Taken:		
Are the signs and barriers at the "Radiation Area" adequate? Action Taken:		
Is the "High Radiation" area posted? Action Taken:		
Is the gamma camera being properly surveyed after each exposure? Action Taken:		

ITEM	Sat.	Un.
<p>Is Form RSC 14, RSC 15 or RSC 24 being properly completed?</p> <p>Action taken:</p>		
<p>Does the radiographer have a copy of the Radiation Safety Program Operating and Emergency Procedure, License and Regulations?</p> <p>Action Taken:</p>		
<p>Is the radiographer using a dosimeter and film badge properly?</p> <p>Action Taken:</p>		
<p>Is the shielded source being secured in the shielded position each time the source is returned?</p> <p>Action Taken:</p>		
<p>Is the radiographer providing adequate personal supervision of the assistant radiographer? (Note: If an assistant radiographer is not performing the job function as an assistant or if an assistant is not available write N/A)</p> <p>Action Taken:</p>		
<p>REMARKS:</p>		

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

SAFETY TRAINING REPORT (Required Quarterly)

LOCATION: _____ DATE: _____

CONDUCTED BY: _____

SUBJECTS PRESENTED:

ATTENDEES:

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

RAIDACTIVE MATERIAL RECEIPT REPORT

LAB/PROJECT _____ DATE _____

ISOTOPE _____ CAPSULE NO. _____ CURIES _____

RECEIVED FROM _____

SOURCE CHANGER

MAKE _____ MODEL _____ CURIES _____

(Note: When received in changer perform leak test and complete leak test report.)

Installed in camera: MAKE _____ MODEL _____ S/N _____

SURVEY OF MATERIAL AS RECEIVED

SURFACE OF CONTAINER _____ MR/HR. AT 36" _____ MR/HR.

SURFACE OF EXPOSURE DEVICE _____ MR/HR. AT 36" _____ MR/HR.

REMARKS:

SHIPMENT RECEIVED BY _____

POGUE INDUSTRIES INCORPORATED

FORM RSC 11

LAB/PROJECT _____ DATE _____

ISOTOPE _____ CAPSULE S/N _____ CURIES _____

TYPE OF TEST: WET _____ DRY _____ SOLVENT _____

LEAK TEST KIT USED: MANUFACTURER _____ MODEL NO. _____

CAMERA: MAKE _____ MODEL _____ S/N _____

SOURCE CHANGER: MAKE _____ MODEL _____ S/N _____

LOCATION WIPED: _____

LEAK TEST WIPE PERFORMED BY: _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM RADIOACTIVE MATERIAL TRANSFER/DISPOSAL REPORT

LAB/PROJECT _____ DATE _____

ISOTOPE _____ CAPSULE S/N _____ CURIES _____

EXPOSURE DEVICE

MAKE _____ MODEL _____ DATE _____

TRANSFERRED FROM _____ TO _____

SOURCE CHANGER

MAKE _____ MODEL _____ S/N _____

REASON FOR TRANSFER:

SOURCE DISPOSAL	MALFUNCTIONING OR DAMAGED	SALE OR LOAN TO OTHER AUTHORIZED LICENSEE
-----------------	------------------------------	--

LIST ANY MECHANICAL DEFECTS OR MALFUNCTIONS _____

SHIPMENT PREPARED BY _____ AUTHORIZED BY _____

SHIPPING CONTAINER

Container shall be a Type B designed to meet with the requirements of DOT.

- | | |
|--|---|
| 1. Shipping Container S/N _____ | 6. Label with "Radioactive
Material Special Form N.O.S.
Labeled with "Type B" _____ |
| 2. Condition of Shipping Container _____ | 8. Shipping Label Affixed _____ |
| 3. Danger Peligo Cargo Aircraft Only
Label Affixed _____ | 9. Radioactive Yellow Labels
Affixed _____ |
| 4. Package Certification or approval
Affixed _____ | Type of Label: Yellow II
Yellow III |
| 5. Labeled with Package Certificate
(Model or Identification No. _____) | |

SURVEY OF MATERIAL PRIOR TO SHIPMENT

SURFACE OF EXPOSURE DEVICE _____	MR/HR AT 36" _____	MR/HR
SURFACE OF CONTAINER _____	MR/HR AT 36" _____	MR/HR

RADIATION SAFETY SURVEY REPORT AND SHIPPING DOCUMENT (FIELD GAMMA)

CUSTOMER: _____ DATE: _____
JOB LOCATION: _____

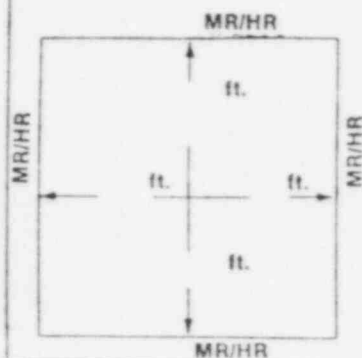
TECHNICIAN	FILM BADGE TLD. NO.	DOSIMETER NUMBER	READING START	READING STOP

SOURCE MATERIAL: _____ S/N _____
EXPOSURE DEVICE MODEL _____ S/N _____
DAILY MAINTENANCE INSPECTION

☐ ACCEPTABLE REMARKS: _____
☐ UNACCEPTABLE _____
SURVEY METER
MAKE _____ MODEL _____ S/N _____
DATE CALIBRATED _____

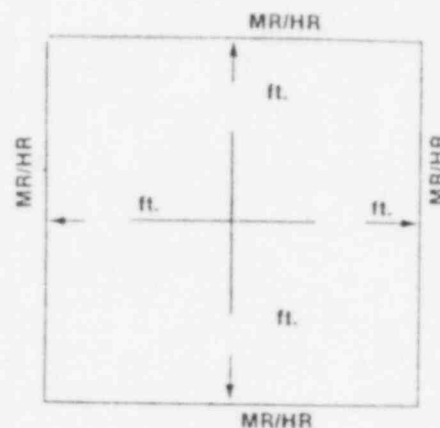
EXPOSURE DEVICE SURVEY WHEN REMOVED FROM STORAGE
_____ MR/HR @ SURFACE OF DEVICE _____ MR/HR @ PORT
EXPOSURE DEVICE SURVEY AT CONCLUSION OF LAST
RADIOGRAPHIC EXPOSURE
_____ MR/HR @ SURFACE OF DEVICE _____ MR/HR @ PORT
EXPOSURE DEVICE SURVEY WHEN RETURNED TO STORAGE
_____ MR/HR @ SURFACE OF DEVICE _____ MR/HR @ PORT

AREA RADIATION SURVEY

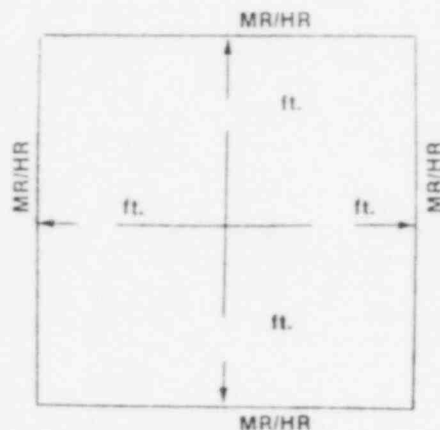


COMMENTS: _____

AREA RADIATION SURVEY



COMMENTS: _____



COMMENTS: _____

RADIOACTIVE MATERIALS SHIPPING DOCUMENT

COMPANY VEHICLES

☐ RADIOACTIVE MATERIALS WERE NOT
TRANSPORTED

SHIPPER: _____

CONSIGNEE: _____

NUMBER OF CURIES: _____

MR/HR @ SURFACE OF SHIPPING CONTAINER: _____

MR/HR @ 36": _____

VEHICLE SURVEY: MR/HR @ OUTSIDE SURFACES

MR/HR @ DRIVER'S SEAT

DESCRIPTION OF CONTENTS

CONTENTS: IRIDIUM 192 COBALT 60 (CIRCLE ONE)

110 CURIES MAXIMUM

RADIOACTIVE MATERIAL SPECIAL FORM N.O.S. UN2974
TRANSPORT INDEX: NOT OVER 1

NOTE: DO NOT TRANSPORT IF SURFACE OF CONTAINER

IS OVER 50 MREM/HR AND/OR OVER 1.0 MREM/HR @ 36"

(ADDITIONAL SHIELDING SHALL BE REQUIRED TO MEET

SHIPPING REQUIREMENTS OF RADIOACTIVE YELLOW II

LABEL.)

TYPE B SHIPPING CONTAINER INSPECTION

S/N _____ ACCEPTABLE ☐

CERT. NO. _____ UNACCEPTABLE ☐

CERTIFYING STATEMENTS AND SIGNATURE

THIS IS TO CERTIFY THAT THE ABOVE NAMED ARTICLES ARE
PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, LABELED
AND ARE IN PROPER CONDITION FOR TRANSPORTATION
ACCORDING TO THE APPLICABLE REGULATIONS OF THE
DEPARTMENT OF TRANSPORTATION AND THAT ALL RADIOGRAPHIC
PROCEDURES AND PRECAUTIONS REQUIRED BY POGUE INDUSTRIES
INCORPORATED RADIATION SAFETY AND CONTROL PROGRAM
SECTION 10.4.B OPERATING AND EMERGENCY PROCEDURES WERE
OBSERVED. THE PERIMETER OF THE SOURCE STORAGE AREA WAS
SURVEYED PRIOR TO REMOVING THE EXPOSURE DEVICE FROM
STORAGE AND IMMEDIATELY AFTER RETURNING THE EXPOSURE
DEVICE TO STORAGE. THE MAXIMUM RADIATION LEVEL WAS NOT IN
EXCESS OF 2MR/HR.

SIGNED _____

INSTRUCTIONS (SURVEY REPORT)

1. THIS FORM IS TO BE COMPLETED FOR EACH DAY OR JOB. THIS INCLUDES PERIODS THE EXPOSURE DEVICE IS REMOVED FROM STORAGE, BUT IS NOT USED TO PERFORM RADIOGRAPHY.
2. CUSTOMER - SELF EXPLANATORY
3. DATE - SELF EXPLANATORY
4. JOB LOCATION - SELF EXPLANATORY
5. TECHNICIAN - RADIOGRAPHER, ASSN'T RADIOGRAPHER AND OTHER MONITORED INDIVIDUALS NAMES.
6. FILM BADGE/TLD NO. - SELF EXPLANATORY
7. DOSIMETER NO. - SERIAL NUMBER OF YOUR DOSIMETER
8. DOSIMETER READING START-DOSIMETER READING AT START OF EACH DAY OR JOB. DOSIMETERS ARE TO BE ZEROED AT THE BEGINNING OF EACH DAY OR JOB.
9. DOSIMETER READING STOP - DOSIMETER READING AT THE END OF EACH DAY OR JOB.
10. SOURCE MATERIAL AND S/N - RECORD THE TYPE OF BYPRODUCT MATERIAL (IR 192, CO 60) AND THE SERIAL NUMBER OF THE CAPSULE.
11. EXPOSURE DEVICE MODEL AND S/N - SELF EXPLANATORY.
12. DAILY MAINTENANCE INSPECTION - PERFORM THE DAILY MAINTENANCE INSPECTION AS BY SECTION 10.4.8 NOTE THE CONDITION AS ACCEPTABLE OR UNACCEPTABLE. IF UNACCEPTABLE, THE ITEM SHOULD BE NOTED IN THE REMARKS COLUMN AND BROUGHT TO THE RADIATION SAFETY MONITORS ATTENTION. DO NOT USE THE EXPOSURE DEVICE UNTIL IT IS REPAIRED.
13. SURVEY METER MODEL, S/N, AND DATE CALIBRATED - RECORD THE MODEL OF THE SURVEY METER USED, THE SERIAL NUMBER, AND THE DATE THE SURVEY METER WAS CALIBRATED.
14. EXPOSURE DEVICE SURVEY WHEN REMOVED FROM STORAGE - RECORD THE HIGHEST READING IN MR/HR AT THE SURFACE OF THE DEVICE AND AT THE PORT.
15. EXPOSURE DEVICE SURVEY AT CONCLUSION OF LAST RADIOGRAPHIC EXPOSURE - RECORD THE HIGHEST READING IN MR/HR AT THE SURFACE OF THE DEVICE AND AT THE PORT. SURVEYS OF THE EXPOSURE DEVICE ARE PERFORMED EACH TIME THE SOURCE IS RETURNED TO THE SHIELDED POSITION AS DESCRIBED BY PROCEDURE 10.4.13 PARAGRAPH 8.1.5. THE SURVEY AT THE CONCLUSION OF THE LAST RADIOGRAPHIC EXPOSURE IS RECORDED.
16. EXPOSURE DEVICE SURVEY WHEN RETURNED TO STORAGE - RECORD THE HIGHEST READING IN MR/HR AT THE SURFACE OF THE DEVICE AND AT THE PORT. THE READINGS SHOULD BE THE SAME AS WHEN REMOVED FROM STORAGE. IF NOT, IT SHOULD BE SUSPECTED THE SOURCE IS NOT IN THE SAFE POSITION.
17. AREA RADIATION SURVEY - RECORD THE DISTANCES AND READINGS. WHEN THE GEOMETRY CHANGES MORE THAN 3 TIMES, ADDITIONAL REPORTS ARE TO BE USED.

INSTRUCTIONS (SHIPPING REPORT)

THIS RADIOACTIVE MATERIAL SHIPPING DOCUMENT IS DESIGNED TO FULFILL D.O.T. REQUIREMENTS. THIS FORM IS ORIENTED TOWARD COMPANY VEHICLES TRANSPORTING RADIOACTIVE MATERIAL TO FIELD SITES.

1. IF RADIOACTIVE MATERIALS WERE NOT TRANSPORTED, CHECK BOX "RADIOACTIVE MATERIALS WERE NOT TRANSPORTED".
2. SHIPPER AND COSIGNEE - ENTER THE NUMBER OF CURIES AS OF THE DAY BEING TRANSPORTED.
4. MR/HR @ SURFACE OF SHIPPING CONTAINER AND MR/HR @ 36". ENTER THE HIGHEST READING AT THE SURFACE OF THE SHIPPING CONTAINER AND THE HIGHEST READING @ 36" FROM THE CONTAINER, THE READING AT 36" IS THE TRANSPORT INDEX.
5. VEHICLE SURVEY - ENTER THE HIGHEST READING AT THE SURFACE OF THE VEHICLE AND THE HIGHEST READING AT THE DRIVER'S SEAT. NO RADIATION LEVEL IS TO EXCEED 2 MR/HR @ THESE AREAS.
6. CONTENTS - CIRCLE CONTENTS. IRIIDIUM 192 OR COBALT 60.
7. TYPE B SHIPPING CONTAINER INSPECTION - ENTER THE SERIAL NUMBER, CERTIFICATION NUMBER AND NOTE THE CONDITION OF THE SHIPPING CONTAINER.
8. PREPARATION FOR SHIPPING
 - A. PLACE EXPOSURE DEVICE IN SHIPPING CONTAINER
 - B. SHIPPING CONTAINER SHALL HAVE AFFIXED AN ADDRESS LABEL. (SAME AS USED FOR SHIPPER AND CONSIGNEE)
 - C. SHIPPING CONTAINER SHALL HAVE AFFIXED, TWO "YELLOW II" LABELS. INFORMATION REQUIRED ON LABELS ARE AS FOLLOWS:

CONTENTS (SPELL OUT IRIIDIUM 192 OR COBALT 60) TRANSPORT INDEX - NOT OVER 1.

NOTE: DO NOT TRANSPORT IF TRANSPORT INDEX IS OVER 1 (1.0 MREM/HR @ 36") OR SURFACE READING IS OVER 50 MREM/HR. ADDITIONAL SHIELDING WILL BE REQUIRED.
9. CERTIFYING STATEMENTS AND SIGNATURE - SIGNING THIS DOCUMENT - VALIDATES THE STATEMENT TO INDICATE ALL APPLICABLE REGULATIONS, PROCEDURES WERE ADHERED TO IN THE PERFORMANCE OF RADIOGRAPHY AND THE PREPARATION OF THE SHIPPING PACKAGE.

POGUE INDUSTRIES INCORPORATED

FORM RSC 15

RADIATION SAFETY AND CONTROL PROGRAM RADIATION SAFETY SURVEY REPORT (X-RAY FIELD)

CUSTOMER: _____ DATE _____
JOB LOCATION: _____

TECHNICIAN	FILM BADGE NUMBER	DOSIMETER NUMBER	DOSIMETER READING START	DOSIMETER READING STOP

Tube Head Make and Model _____ S/N _____
Control Panel Make: _____ S/N _____

Daily Maintenance Inspection: ☐ Acceptable Remarks: _____
☐ Unacceptable _____

Survey Meter Model: _____ S/N _____ Date Calibrated _____

AREA PHYSICAL RADIATION SAFETY

All Radiographic Procedures and precautions required by Pogue Industries Incorporated Radiation Safety and Control Program 10.4.B operating and emergency procedure were observed.

SIGNED: _____

1. This form is to be completed for each day or job x-ray equipment is used in the field.
2. Customer - Self explanatory
3. Date - self explanatory
4. Job Location - The location where radiography is to be performed. The description of the location is to be as complete and descriptive as possible.
5. Technical - Radiographers, Assistant Radiographers and other monitored individuals names.
6. Film badge number - self explanatory
7. Dosimeter Numbers - serial number of dosimeter
8. Dosimeter reading start - dosimeter reading in mr at start of each day or job. Dosimeters are to be zeroed before each day or job. Therefore this reading should be zero.
9. Dosimeter reading stop - dosimeter reading at the end of each day or job.
10. Tube head make, model, S/N - The manufacturer, model and serial number of the tube head.
11. Control panel make and S/N: The manufacturer and serial number of the control panel.
12. Daily maintenance inspection - perform the daily maintenance inspection as required by Pogue Industries Incorporated Radiation Safety and Control Program 10.4.B. Note the condition as acceptable or unacceptable. If unacceptable note the deficient item in the remarks column. Do not use the X-ray equipment until it is repaired.
13. Survey Meter model, S/N and date calibrated - Record the model of survey meter used, the serial number, and date instrument was calibrated.
14. Area Physical Radiation Survey - Record the distances and readings when the geometry changes more than once, additional reports are to be used. Use the comment section to note additional precautions.
15. Final compliance statement and signature - The responsible radiographer is to sign the report. Signing the report certifies all radiographic Procedures and Precaution required by Pogue Industries Incorporated Radiation Safety and Control Program Section 10.4.B Operating and Emergency Procedures were observed.

SURVEY METER CALIBRATION CONTROL LOG

DATE RECEIVED: _____ CALIBRATION: FREQUENCY _____ PROCEDURE _____

[illegible]

POGUE INDUSTRIES INCORPORATED

CERTIFICATE OF SURVEY INSTRUMENT CALIBRATION

Laboratory Number _____		Cert. No. _____	
Customer: _____		P.O. NO. _____	
INSTRUMENT DATA			
Type _____ Model _____		Serial No. _____ I.D. No. _____	
CALIBRATION DATA			
HIGH READING		LOW READING	
Scale	Radiation Level	Meter Reading	Radiation Level
	MR/HR	MR/HR	MR/HR
	MR/HR	MR/HR	MR/HR
	MR/HR	MR/HR	MR/HR
	MR/HR	MR/HR	MR/HR
	MR/HR	MR/HR	MR/HR
Calibration Source _____		Source Serial No. _____	
MAINTENANCE DATA			
Battery Condition: Satisfactory _____ Unsatisfactory _____ Replaced _____			
Clean Battery Contacts: Yes _____ No _____			
Cleaned Switch Contacts: Yes _____ No _____			
Routine Preventive Maintenance: Yes _____ No _____			
Other _____			
Components Replaced: _____			
<p>We certify that this instrument was calibrated on the date shown and is accurate to within <u>20%</u> on each scale range.</p>			
Calibrated by: _____		Date Calibrated: _____	
Drift Time: _____ Temperature: _____		Recalibration Due Date: _____	
Reading Start: _____		Reading Stop: _____	
By: _____			

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

INSPECTION OF SHIELDED ROOM/X-RAY CABINET (ANNUAL)

LAB/PROJECT: _____ DUE DATE _____

LOCATION _____ ROOM NO. _____ CABINET NO. _____

SPECIAL INSTRUCTIONS: _____

	<u>ACCEPT</u>	<u>REPAIRED</u>	<u>REPLACED</u>
<u>Door Interlocks</u>			
1. Operative	_____	_____	_____
2. Condition	_____	_____	_____
3. Adjustment	_____	_____	_____
<u>Equipment Interlocks</u>			
4. Operative	_____	_____	_____
5. Condition	_____	_____	_____
<u>Audible Condition</u>			
6. Audible Operative	_____	_____	_____
7. Audible Condition	_____	_____	_____
8. Visual Operative	_____	_____	_____
9. Visual Condition	_____	_____	_____
10. Warning Signs Correct	_____	_____	_____
11. Warning Signs Condition	_____	_____	_____
<u>Access Door</u>			
12. Seals Properly	_____	_____	_____
13. Lock	_____	_____	_____
14. Key	_____	_____	_____

Radiation Levels (Source Exposed)

Side 1 _____ mr/hr (North)
 Side 2 _____ mr/hr (East)
 Side 3 _____ mr/hr (South)
 Side 4 _____ mr/hr (West)
 Ceiling _____ mr/hr

REMARKS _____

INSPECTED BY: _____ DATE _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

GAMMA EXPOSURE DEVICE INSPECTION

GENERAL DATA

<u>QUARTERLY</u>	LAB/PROJECT _____	DUE DATE _____
	EXPOSURE DEVICE _____	MODEL _____ SN. _____
<u>SPECIAL</u>	LOCATION _____	
	SPECIAL INSTRUCTIONS _____	

SHIELD ASSEMBLY

	<u>ACCEPT</u>	<u>REPAIRED</u>	<u>REPLACED</u>
1. Check for excessive or abnormal radiation levels on the surface of the shield assembly.	_____	_____	_____
2. Inspect safety plug for proper condition	_____	_____	_____
3. Check locking mechanism for proper operation and for firm attachment to the shield assembly.	_____	_____	_____
4. Inspect for proper alignment of "S" tube with entrance and exit ports.	_____	_____	_____
5. Inspect carrying and holddown components for proper condition.	_____	_____	_____
6. Inspect for proper labeling.	_____	_____	_____

PIGTAIL ASSEMBLY

7. Inspect connector for proper condition

SOURCE TUBES CABLE HOUSING

8. Inspect for rust, dirt, or sludge buildup inside the tubes

9. Inspect tube connectors for proper condition.

10. Inspect for kinks, crushed sections, or other damage that could prevent operation.

CRANK ASSEMBLY

11. Check for operating characteristics.

12. Inspect for excessive wear for damage to components.

CABLE

13. Inspect Connector for proper condition.

14. Remove and inspect entire cable for flexibility, wear, rust, broken wires and length.

COMPONENT MECHANICAL COMPATABILITY

15. Check connectors on source pigtail assembly and cable for proper fit and the possibility of accidental disconnection.

16. Check connectors on shield assembly and tubes for a proper fit.

INSPECTED BY: _____

DATE _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

X-RAY EQUIPMENT INSPECTION

☐ QUARTERLY
☐ SPECIAL

LAB/PROJECT _____ DUE DATE _____
 TUBE HEAD _____ MODEL _____ SN. _____
 CONTROL PANEL _____ MODEL _____ SN. _____
 SPECIAL INSTRUCTIONS _____

X-RAY TUBE

1. Check gas pressure (if applicable).
2. Check power cord connector.
3. Check general tube condition.
4. Check condition of label "CAUTION X-RAYS
THIS EQUIPMENT PRODUCES X-RAYS WHEN ENERGIZED."

ACCEPT

REPAIRED

REPLACED

CONTROL PANEL

1. Check general case condition.
2. Check meter movement condition.
3. Check power & control cord connectors.
4. Check power & control cord connectors.
5. Check X-Ray "ON" & "OFF" lights.
6. Check key switch & lock.

CONTROL CABLE

1. Check both connectors.
2. Check insulation full length.

POWER CABLE

1. Check connector & electrical plug.
2. Check insulation full length.

REMARKS: _____

INSPECTED BY: _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

RADIOGRAPHIC EQUIPMENT - DAILY INSPECTION & MAINTENANCE LIST

Each radiographic exposure device and accessory must be inspected before each use. This inspection must be done when removing the item from the storage area. Equipment found to be unsatisfactory shall be reported to the radiation safety monitor and/or lab/project manager. Defective equipment shall be removed from service and repaired before use.

REMOTE TYPE GAMMA EXPOSURE DEVICE

UNIT - General exterior condition

Handle and feet identification
decals

Source tube and drive cable tube
connection

Locking mechanism

Source connector

SOURCE TUBES - General exterior condition

Source tube to unit connection

Source tube to source tip connection

Source tube to tube connections

Source tip

CONTROLS - General exterior condition

Crank handle and drive mechanism

Drive cable to unit connection

Drive cable and cable tubes

Source connection

FIXTURES

PIPELINER TYPE EXPOSURE DEVICE

UNIT - Handle and identification decals

Locking Mechanism

FIXTURES

CONTROLS - Remote Control Cable (when used)

Remote Control Cable to Control
Adapter Plate Connection

X-RAY EQUIPMENT

X-RAY TUBE - General exterior condition

Power Cord Connector

Label

CONTROL PANEL - General Exterior Condition

Power Cord Connectors

Meters

✓ On-Off Controls

POWER AND CONTROL CABLES - Insulation Connectors

FIXTURES

DOSIMETER CHECKS (Required Semi-Annually)

[illegible]

Source: KV _____ MA _____ ISOTOPE _____ CURIES _____

Source to Dosimeter Distance: _____

Exposure Time: _____

Shielding Between Source and Dosimeter:

Calculated Dose: _____

Remarks:

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

RADIATION SAFETY AND CONTROL PERSONNEL

Facility: _____

Location: _____

Phone No: _____

Facility Manager: _____

Home Address: _____

Phone No: _____

Facility Assistant Manager: _____

Home Address: _____

Phone No.: _____

Facility Supervisor: _____

Home Address: _____

Phone No.: _____

Radiation Safety Monitor: _____

Home Address: _____

Phone No: _____

Radiation Safety Officer: _____

Home Address: _____

Phone No.: _____

Assistant Radiation Safety Officer: _____

Home Address: _____

Phone No.: _____

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY CONTROL PROGRAM

RADIATION SAFETY REPORT (LABORATORY GAMMA)

CUSTOMER: _____ DATE _____

POGUE INDUSTRIES INCORPORATED LOCATION: _____

TECHNICIAN	FILM BADGE/TLD NUMBER	DOSIMETER NUMBER	DOSIMETER READING START	DOSIMETER READING STOP

SOURCE MATERIAL: _____ S/N _____

EXPOSURE DEVICE MODEL _____ S/N _____

DAILY MAINTENANCE INSPECTION

____ ACCEPTABLE
 ____ UNACCEPTABLE

REMARKS: _____

SURVEY METER

MODEL: _____ S/N _____ DATE CALIBRATED: _____

EXPOSURE DEVICE SURVEY WHEN REMOVED FROM STORAGE:

_____ MR/HR @ SURFACE OF DEVICE _____ MR/HR @ PORT

EXPOSURE DEVICE SURVEY WHEN RETURNED TO STORAGE:

_____ MR/HR @ SURFACE OF DEVICE _____ MR/HR @ PORT

EXPOSURE ROOM DESIGNATION: _____

EXPOSURE ROOM INTERLOCK FUNCTION CHECK: _____

____ ACCEPTABLE
 ____ UNACCEPTABLE

ALL RADIOGRAPHIC PROCEDURES AND PRECAUTIONS REQUIRED BY POGUE INDUSTRIES INCORPORATED RADIATION SAFETY AND CONTROL PROGRAM OPERATING AND EMERGENCY PROCEDURES WERE OBSERVED. THE PERIMETER OF THE SOURCE STORAGE AREA WAS SURVEYED PRIOR TO REMOVING THE EXPOSURE DEVICE FROM STORAGE AND IMMEDIATELY AFTER RETURNING THE EXPOSURE DEVICE TO STORAGE. THE MAXIMUM RADIATION LEVEL WAS NOT IN EXCESS OF 2 MR/HR.

SIGNED: _____

INSTRUCTIONS

1. This form is to be completed for each day or job Gamma sources are used in licensed lab exposure rooms.
2. Customer - Self explanatory
3. Date - Self explanatory
4. Pogue Industries Incorporated Location - enter the lab location.
5. Technician - Radiographers, Assistant Radiographers and other monitored individual names.
6. Film badge/TLD number - self explanatory
7. Dosimeter number - serial number of dosimeter
8. Dosimeter Reading Start - dosimeter reading in MR at the start of each day or job. Dosimeter are to be zeroed before each day or job therefore, this reading should be zero.
9. Dosimeter Reading Stop-Dosimeter reading at the end of each day or job.
10. Source material and S/N - Record the type of by-product material (IR 192,C060, etc.) and the serial number of the capsule.
11. Exposure Device Model and S/N - Self explanatory.
12. Daily maintenance inspection- Perform the daily maintenance inspection as by O & E procedures and note the condition as acceptable or unacceptable. If unacceptable, the item should be noted in the remarks column and brought to the Radiation Safety Monitor's attention. Do not use the exposure device until it is repaired.
13. Survey meter model, S/N and date calibrated - Record the model of the survey meter used, the serial number and the date the survey meter was calibrated.
14. Exposure device survey when removed from storage - Record the highest reading in MR/HR at the surface of the device and at the port.
15. Exposure device survey when returned to storage - Record the highest reading in MR/HR at the surface of the device and at the port. The readings should be the same as when removed from storage. If not, it should be suspected the source is not in the safe position.
16. Exposure Room Designated - If a lab has more than one exposure room, the room used should be designated.
17. Exposure Room Interlock Function Check - Check the exposure room interlocks and alarm system and note as acceptable or unacceptable. If the system is unacceptable the item should be brought to the Radiation Safety Monitors Attention and repaired. Do not use the exposure room if the alarm system and interlocks are not functional.
18. Certifying statement and signature - Signing this document validates the statement to indicate all applicable regulations, procedures were adhere to in the performance of radiography.

POGUE INDUSTRIES INCORPORATED

RADIATION SAFETY AND CONTROL PROGRAM

QUARTERLY ASSISTANT RADIOGRAPHER AUDIT

Location _____ Date _____

Assistant Radiographer _____

Monitor/Radiographer _____

Exposure Device Model _____ S/N _____ Source _____ S/N _____

Survey Meter: Model _____ S/N _____ Calibration Date _____

Instructions:

The purpose of the unscheduled survey is to check the assistant radiographer for compliance with company policies and NRC/State regulations. The following items should be checked during the unscheduled survey, but they are only minimum requirements. Additional items that are checked should be recorded under REMARKS. The monitor or radiographer must record the corrective action for all items found to be unsatisfactory. NOTE: An assistant radiographer may only be permitted to operate radiographic exposure devices, sealed sources, related handling tools and survey instruments under the personal supervision of a radiographer.

ITEM	Sat.	Unsat.
<p>Is the radiation area adequately being surveyed and controlled?</p> <p>Action Taken:</p>		
<p>Are the signs and barriers at the "Radiation Area" adequate?</p> <p>Action Taken:</p>		
<p>Is the "High Radiation" area posted?</p> <p>Action Taken:</p>		

ITEM	Sat.	Unsat.
<p>Is the gamma camera being properly surveyed after each exposure?</p> <p>Action Taken:</p>		
<p>Does the assistant radiographer have available a copy of the Radiation Safety Program Operating and Emergency Procedure, License and Regulations?</p> <p>Action Taken:</p>		
<p>Is the assistant radiographer using a dosimeter and film badge properly?</p> <p>Action Taken:</p>		
<p>Is the sealed source being secured in the shielded position each time the source is returned to that position?</p> <p>Action Taken:</p>		
<p>REMARKS:</p>		