

## X-RADIATION SURVEY PROGRAM

ABC Company  
1000 University Boulevard  
Somewhere, NC 00000

Date: \_\_\_\_\_

Radiation Safety Officer: Jack Benny

Manufacture of X-Ray Equipment: Micromeritics (example)

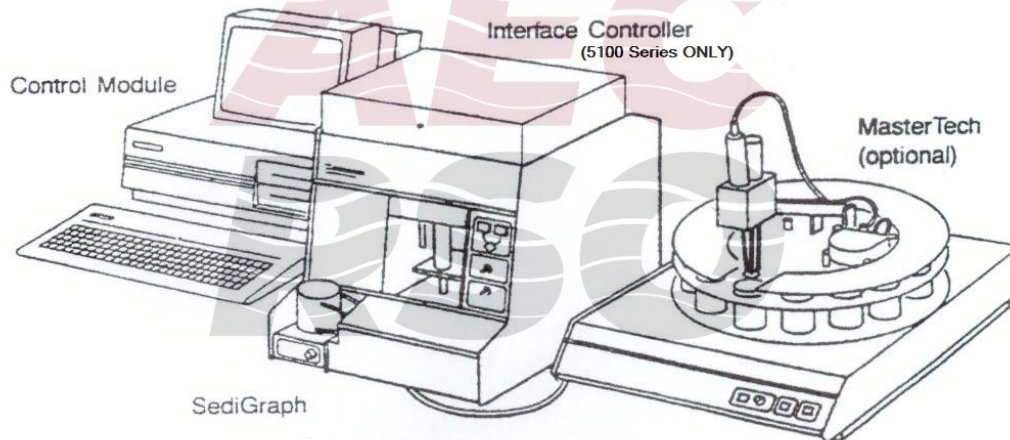
Model number of X-Ray System: \_\_\_\_\_

Serial number of tube/system: \_\_\_\_\_

Maximum Setting available: \_\_\_\_\_ watts (example)

Cabinet enclosure

The system is not in a restricted area.



### Sedigraph Particle Size Analysis System

Dosimetry (area or personnel) in lieu of survey? \_\_\_\_\_  
 Company performing radiation survey \_\_\_\_\_  
 Maximum level measured outside the enclosure \_\_\_\_\_  
 Instrument used to perform survey \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 Model number \_\_\_\_\_  
 Serial number \_\_\_\_\_  
 Person performing radiation survey \_\_\_\_\_  
 Protective housing working? \_\_\_\_\_  
 Warning light functional? \_\_\_\_\_  
 Any modifications/maintenance performed? \_\_\_\_\_  
 Postings in room visible and correct? \_\_\_\_\_  
 Manufacturer's O&E x-ray manual available? \_\_\_\_\_  
 Safety Interlock Devices (On/Off Lights) are working properly? \_\_\_\_\_  
 X-ray registration posted? \_\_\_\_\_

(Revised July 2020)