

Monthly Safety Checklist for enclosed X-ray equipment											Year:			
	Equipment details (make/model):									-				
No.	Check	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	X-ray warning light(s) illuminate when x-rays are on													
2	Radiation dose rates <1µSv/h* on contact with outside of cabinet (all sides) when x-rays on (if required – check Risk Assessment)													
3	Emergency Stop(s) button(s) working													
4	With the sample chamber door open, check x-ray irradiation cannot commence until sample door closed													
5	Keys to operate equipment kept secure? (if applicable)													
6	Audible alarm/sound when x-rays commence (if applicable)													
7														
8														
Any actions required? Y/N (If any actions required; record details of action taken on next page)														
Checks completed by? (initials)														
Date (DD/MM/YY)														

^{*}if no equipment available which measures in microSieverts per hour (μ Sv/h) record counts per second

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Date	Action taken	Name