



**Department of Environmental Quality
Emergency & Radiological Services Division
Licensing & Registrations Section
P.O. Box 4312
Baton Rouge, LA 70821-4312
Phone: (225) 219-3041 Fax: (225) 219-3154**

(For Office Use Only)
Date Received: _____
Date Scanned: _____
User Group: Radiation
AI#: _____
General License # _____

SELF INSPECTION REPORT FOR GENERALLY LICENSED RADIATION SOURCES (REV 1/06)

Name of Facility: _____

Type of Facility (Check one)

Facility Address: _____

___ Industrial

___ Research

Facility Phone Number: _____

___ Educational

Date of the Inspection: _____

___ Medical

Name of the person performing this inspection:

___ Other (Specify)

Yes No

Does the facility have a copy of state's GL Regulations?
[LAC 33:XV.104-109, 304.A.2, 331, 340, 350, & Chapters 4,10, & 15
for General Licenses with radioactive material other than source material]

___ ___

Is management aware that they have radioactive devices?

___ ___

Can management account for and/or locate all GL devices?

___ ___

Is management aware of regulation requirements?

___ ___

Do all devices have legible labels as required?

___ ___

Do any GL devices require periodic leak testing?

___ ___

If so, were tests performed as required?

___ ___

Are radiation surveys required for any installed devices?

___ ___

If so, are copies of surveys available and satisfactory?

___ ___

Have you transferred any GL devices to another person?

___ ___

Are the transfers in compliance with the regulations?

___ ___

LIST THE GL DEVICES AT THE TIME OF THIS INSPECTION:

Manufacturer	Model No.	Isotope & Activity
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Signature: _____ Date: _____

