



**Department of Environmental Quality
Radiation Section
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(For Office Use Only)
Date Received: _____
Date Scanned: _____
User Group: Radiation
AI#: _____
General License # _____

SELF-INSPECTION REPORT FOR GENERALLY LICENSED RADIATION SOURCES (REV 12/25)

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: _____