



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: _____