Name of Facility	
e-LORA ID	
Additional Facilities	Medical Cyclotron ☐ Radiotherapy ☐ Diagnostic Radiology ☐ Gamma Chamber(Blood Irradiator) ☐ Any other_____
Facility Status	In Operation ☐ Not in Operation ☐ Reasons for Not in Operation _____
Inspection Date	
Type of Inspection	Routine ☐ Special ☐ Announced ☐ Unannounced ☐
Inspection Team	1. 2. 3.

1.0 Organization & Administration *(to be filled in, in case the details are not matching with e-LORA)*

1.1 Facility
Address : Telephone (O) : e-mail : **Type of Facility :** Government ☐ Private ☐ Others☐ _____

1.2 Organization *(to be filled in, in case the details are not matching with e-LORA)*

Employer

Name :

Designation :

Mobile Number : +91

E-mail :

Whether Employer is the same as mentioned in e-LORA? **Yes**☐ No☐

If No, whether Employer change has been initiated in e-LORA? **Yes**☐ No☐

Whether Licensee is same as Employer? Yes☐ No☐

If No, Licensee

Name :

Designation :

Mobile Number : +91

E-mail :

Whether Licensee is the same as mentioned in e-LORA? **Yes**☐ No☐

If No, whether licensee change has been made in e-LORA? **Yes**☐ No☐

RSO

Name :

Designation :

Mobile Number : +91

E-mail :

Whether RSO approval is/are valid? **Yes**☐ No☐

Operation Staff

Number of Nuclear Medicine Physician (s): _____

Number of Nuclear Medicine Technologist (s): _____

Whether the operation staff are qualified as per AERB requirements?

Yes☐ No☐

Whether the operation staff is adequate? **Yes**☐ No☐

(Consider no. of Equipment & work load -Refer RSD Guidelines/Consult RSD)

Whether employee related details are up-to-date in e-LORA? **Yes**☐ No☐

Observations:

2.0 Consents / Approvals

2.1 Site & Layout Approval

Whether Site and Layout approvals are obtained for all NM installations? **Yes**☐ No☐

Whether NM facility is in a residential building? Yes☐ **No**☐

Whether the facility has been constructed as per AERB approved Plan? **Yes**☐ No☐

If No, details of Non-compliances (Safety):

2.2 Operation

Whether Authorization for operation is valid? **Yes**☐ No☐

Whether Authorization for Source procurement is valid? **Yes**☐ No☐

Whether valid license for operation is available? (In case of SPECTCT/PETCT units only) **Yes**☐ No☐

If No, details of Non-compliances:

3.0 Compliance to Previous Inspection Findings

a) Whether any Inspection was carried out in the past? NA☐ Yes☐ No☐

Date of inspection:___/___/____

b) Whether NCs, if any are already complied? **Yes**☐ No☐

If No, Particulars of pending recommendations :

1.

2.

3.

4.0 Procedures Performed

In-vivo non-imaging	Yes☐ No☐
In-vivo imaging	Yes☐ No☐
Low Dose Therapy with I-131)	Yes☐ No☐
High Dose Therapy (with I-131)	Yes☐ No☐
Beta therapy (other than I-131)	Yes☐ No☐
Alpha therapy	Yes☐ No☐
Any other	

Whether the above Procedures are as per the authorization issued to the Facility?

Yes ☐ No ☐

Observations:

5.0 Equipment / Source Inventory / Handling Tools

Radioisotopes:

S No	Description	Isotope	Activity / Date	Remarks
1	Sealed Sources (calibration & check Sources)			
2	Disused Sources (calibration & check Sources)			
3	**Others**			

Whether the above information is as maintained in e-LORA? **Yes** ☐ No ☐

Imaging Equipment

S No	Description	No. of Units	Remarks
1	Gamma Camera		
2	SPECT		
3	SPECT-CT		
4	PET		
5	PET-CT		
6	PET-MRI		
7			

Non-Imaging Equipment

S No	Description	No. of Units	Remarks
1	Thyroid Uptake Probe		
2	Gamma probe (used in case of sentinel node detection)		
3			
4			

High Dose Therapeutic Facilities

a) No. of Isolation Rooms :_____

b) Capacity of each delay tank (in liters) : _____

Low Dose Therapeutic Facilities

Whether separate area is earmarked for low dose therapy administered patients?

Yes☐ No☐

Whether the above information is as per the Authorization issued by AERB?

Yes☐ No☐

Handling Tools

Whether the following Safety features/handling tools (as applicable) are available & functional?

S. No.	Facilities	Available	Functional
1	Fume hoods	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
2	L-Bench	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
3	Lead bricks	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
4	Sink	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
5	Remote handling tools	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
6	Lead apron	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
7	Decontamination kit	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
8	Hand gloves	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
9	Syringe shield	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
10	Syringe carrier	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐
11	Patient viewing system (eg. CCTV/Window)	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐

Observations:

6.0 Operational Safety

Sr. No.	Description	Status
1	Whether the flooring in the laboratory is satisfactory?	Yes ☐ No ☐
2	Whether work surface is smooth & covered with adsorbent sheet?	Yes ☐ No ☐
3	Whether doors & walls are painted with smooth and washable paints?	Yes ☐ No ☐
4	Whether separate rooms are provided for each of the radioactive operations as per guidelines?	Yes ☐ No ☐
5	Whether sinks are provided in each of the rooms where radioactive material is handled?	Yes ☐ No ☐
6	Whether sinks are made of non-porous material like SS or Glazed Ceramic?	Yes ☐ No ☐
7	Whether type of taps fitted at the sinks are elbow-operated?	Yes ☐ No ☐
8	Whether radiation warning symbols are displayed where required?	Yes ☐ No ☐
9	Whether emergency procedures for radioactive spillage/ misadministration are pasted at appropriate place in the facility?	Yes ☐ No ☐
10	Whether ventilation of the radioactive handling rooms is satisfactory?	Yes ☐ No ☐
11	Whether illumination inside the radioisotope laboratory is satisfactory?	Yes ☐ No ☐
12	Whether separate drainage system provided for Nuclear Medicine facility?	Yes ☐ No ☐
13	Whether the delay tank (in case of HDTF) is properly cordoned off?	Yes ☐ No ☐ NA☐
14	Whether the delay tank is maintained properly?	Yes ☐ No ☐ NA☐
15	Whether any provision is made for indication of radioactive effluent levels in the delay tank?	Yes ☐ No ☐ NA☐
16	Any modifications done to the existing approved radiation installation	Yes ☐ No ☐

Observations:

7.0 Radiation Protection

7.1 Personnel Monitoring

a) Whether the facility has registered with a personnel monitoring service (PMS) provider? **Yes**☐ No☐

b) Whether PMD is provided to all radiation workers? **Yes**☐ No☐

c) Whether PMD is provided to the trainees (if any)? **Yes**☐ No☐

d) Whether PMDs are being worn by workers appropriately? **Yes**☐ No☐

e) Whether proper storage of PMDs is available? **Yes**☐ No☐

f) Whether a control TLD is available and kept at a radiation free Area? **Yes**☐ No☐

g) Whether radiation workers have access to their personnel monitoring records? **Yes**☐ No☐

h) Whether PMS was suspended any time during last three years? Yes☐ **No**☐
If Yes, reasons thereof _____

i) Whether any excessive exposure was reported during last three years? Yes☐ **No**☐
If Yes, whether dose recorded was found to be genuine? Yes☐ No☐

Whether adequate measures have been taken to avoid recurrence of such excessive exposure? (ask what measures taken to confirm) **Yes**☐ No☐

j) Whether pocket dosimeters are available? Yes☐ No☐

If Yes, whether the dosimeters are used while working? Yes☐ No☐

If Yes, whether dose records are maintained? Yes☐ No☐

7.2 Radiation Surveillance

a) Status of the following radiation monitoring /measuring instruments

Sl No	Instrument	Available	Functional	Calibration Valid
1	RSM	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
2	Contamination Monitor	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
3	Dose Calibrator	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐
4	Gamma Zone Monitor (in case HDTF)	Yes☐ No☐	Yes☐ No☐	NA☐ Yes☐ No☐
5	Direct Reading dosimeters (not mandatory)	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐	NA☐ Yes☐ No☐

b) Whether the measuring /monitoring equipment are appropriate for radiation type and energy? **Yes**☐ No☐

c) Whether periodic radiation protection survey performed? **Yes**☐ No☐

Observations:

8.0 Management Systems & Records

a) Whether safe working procedures have been prepared based on OEM instructions?
Yes☐ No☐

b) Whether Local Safety Committee (LSC) to oversee safety of the facility/QA of the unit is functional & meeting are held quarterly? **Yes**☐ No☐

c) Whether preventive maintenance schedule has been prepared & implemented based on OEM Instructions? **Yes**☐ No☐

d) Whether any modification has been done to the Facility which has a bearing on Safety?
Yes☐ **No**☐

If **Yes,** whether approval from AERB has been sought before the modification was done?
Yes☐ No☐

e) Whether periodic safety status reports are filed in e-LORA? **Yes**☐ No☐
If No, reasons thereof_____

f) Whether emergency working procedures have been prepared for all unusual conditions and workers are familiar? **Yes**☐ No☐

g) Whether any unusual occurrence/accidents (e.g. Misadministration, Excessive Exposure, Lost Source etc.) encountered since last Inspection? NA☐ Yes☐ No☐

If Yes, whether the same was investigated & reported to AERB? **Yes**☐ No☐
If No, reasons thereof_____

h) Whether corrective actions have been taken by the Facility to prevent such reoccurrences? **Yes**☐ No☐

i) Whether periodic QA programme is available and implemented as required by the AERB Safety Code/ Manufacturer Specified Protocols/ Institution QA protocols?
Yes☐ No☐

If Yes, please specify details -

Daily Checks	NA☐ Yes☐ No☐
Weekly Checks	NA☐ Yes☐ No☐
Monthly Checks	NA☐ Yes☐ No☐
Annual Checks	NA☐ Yes☐ No☐

QA after repair/replacement	NA☐ Yes☐ No☐

j) Whether the following records are available?

Sr. No.	Details of Records	Status
1.	Radiation Survey	NA☐ Yes☐ No☐
2.	Personnel Dose Records	NA☐ Yes☐ No☐
3.	Patient Information Records	NA☐ Yes☐ No☐
4.	Activity Procurement & Usage	NA☐ Yes☐ No☐
5.	Disposal of Radioactive Waste	NA☐ Yes☐ No☐
6.	Instruments calibration records	NA☐ Yes☐ No☐
7.	Delay Tank Sample Collection Records	NA☐ Yes☐ No☐
8.	Servicing /Maintenance Records of the Imaging Equipment	NA☐ Yes☐ No☐
9.	QA Test	NA☐ Yes☐ No☐

Observations:

9.0 Feedback

I/we was/were briefed by the inspector(s) about the above observations mentioned in this report.

(Signature of Employer)
Name:

FACILITY SEAL

Name of Inspectors	Signature with Date
1.	1.
2.	2.
3.	3.