FIXED GAUGES TEST SHEET

Testers should complete all relevant sections and submit the completed form by email together with any attachments of other test results to the Radiological Council.

Registration Information	(Section 2)	Radiation Store	(Section 5)			
Name:		Security adequate ?				
Address:		Store location satisfactory ?				
		Gauges in store locked off ?				
Suburb/Town:		Warning signs present and legible ?				
Postcode:		RSO contact details present and corre	ect?			
Phone number:		Dose rate outside store \leq 25 $\mu Sv/h$?				
RSO Name:		Dangerous goods segregated ?				
Registration number: RS /						
Registration conditions accessible?		Radiation Survey Meters	(Section 6)			
Date of test:		Survey meter available and appropriat	e to site ? 🗌			
		Functioning?				
Radiation Management Plan	(Section 3)	Manufacturer:				
Incorporate recommended content ?		Model:				
Copy available to staff ?						
Include current emergency contact det	ails ?	Date of last calibration:				
Date last reviewed:		Organisation calibrated by:				
Company Records	(Section 4)					
Source inventory complete ?						
Annual wipe test results recorded ?						
Annual audit and shutter check recorde	ed?					
Annual shutter check recorded ?		Notes				
Periodic survey meter check?		If any of the above areas compliance, please reco	rd further			
ate of last recorded audit:		information or recommendati Comments section	ons in the			

NOTE: Boxes should be completed with a \checkmark for 'yes' and a * for 'no'.

GAUGE DETAILS (Section 7) Complete all of the details below for each gauge (copy this page if necessary)						
Details	Gauge					
Location of gauge on premises	1	2	3	4	5	
Manufacturer						
Model						
Serial number of container						
Use D density L level ISA in stream analysis O other						
Isotope						
Original activity (MBq)						
Date of original activity						
Source serial number						
Gauge label present and legible ? * Photo						
Gauge warning sign present ? * Photo						
Bin/Hopper warning sign present ?						
Gauge locked in the 'on' position ?						
Shutter fitted ?						
Max. dose rate at 5cm (μ Sv/h), shutter off						
Max. dose rate at 1m (μ Sv/h), shutter off						
Shutter operating freely ?						
Shutter position indicators legible ?						
Gauge mounting rigid and secure ?						
Gauge housing and mounting clean and undamaged ? * Photo						

* Take photographs where indicated and retain as record.

Comments					
	1				
Compliance Tester's Instrument Cali Instrument	Dration Serial No	Date	Organisation		
instrument		Dute	organisation		
Compliance Tester (Print Name)					
Compliance Tester (signature)		Date			

(Refer to Section 7.2)



