Radiation-Protection Reviews

FORM 15

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Program Version: _____ **Review Schedule or Applicable Condition:** _____

Document program reviews, required observations, findings, and follow-up at the applicable frequency.

Review Date or Type	Reviewer or Participants	Area or Program Items Reviewed	Findings or Action or Owner	Completion or Evidence Reference

Radiation-Protection Reviews

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____