# QUALITY CONTROL GUIDANCE FOR NASA X-RAY FIELD RADIOGRAPHY OPERATIONS AT MSFC

| Date of Work: | Time of Work: |
|---|---|
| Lead Radiographer: | |
| Prime Contractor or Organization Requesting Work: | |
| Job Description and Location: | |

| X-RAY SYSTEM | | |
|---|---|---|
| Manufacturer: | Model Number: | Serial Number: |
| kVp: | mA: | Number and Duration of Exposures: |

| These items should be fully addressed prior to actual performance of radiography | Yes | No |
|---|---|---|
| 1. Are you aware of all pertinent State and Federal Regulations required to safely perform industrial radiography at MSFC? | ☐ | ☐ |
| 2. Do you have immediate access and full understanding of your organizations' policies and procedures? | ☐ | ☐ |
| 3. Has your organization made the proper notifications to the MSFC RSO concerning date and scope of intended work? | ☐ | ☐ |
| 4. Are you wearing the necessary dosimeters and using the correct survey meters required to safely perform this job? | ☐ | ☐ |
| 5. Have you made sure that all boundaries are complete and that no gaps exist? | ☐ | ☐ |
| 6. Have you made sure that the dose rates at the boundaries do not exceed 2 mR/hr. for all intended beam orientations and confirmed this with a survey meter? | ☐ | ☐ |

I have satisfactorily completed all of the above quality control checks and confirm that all pertinent State and Federal Regulations, as well as MSFC procedures have been complied with prior to and during performance of radiography on said date and time at MSFC.

| SIGNATURES | |
|---|---|
| Radiographer: | Date: |
| Radiographer: | Date: |

Satisfactory completion of the checklist and the above signatures are required to perform all radiography.

Please forward the original copy of this document to the MSFC Radiation Safety Officer (Building 4249, Phone: 544-5738) immediately following completion of the specific job.