

## PREVENTIVE MAINTENANCE ACTIVITY CHECKLIST FOR X-RAY BARRIERS

**User Group** \_\_\_\_\_ **Location** \_\_\_\_\_  
building and room #

**Designated Escort** \_\_\_\_\_ **Date** \_\_\_\_\_

**PM Performed by** \_\_\_\_\_

**Performance Checklist**                      **S – Satisfactory**      **U – Unsatisfactory**      **NA – Not Applicable**

- |                             |                                 |                          |          |                          |          |                          |           |
|-----------------------------|---------------------------------|--------------------------|----------|--------------------------|----------|--------------------------|-----------|
| <b>1) Visual inspection</b> | <b>a) Barrier door hardware</b> | <input type="checkbox"/> | <b>S</b> | <input type="checkbox"/> | <b>U</b> | <input type="checkbox"/> | <b>NA</b> |
|                             | <b>b) Interlock switches</b>    | <input type="checkbox"/> | <b>S</b> | <input type="checkbox"/> | <b>U</b> | <input type="checkbox"/> | <b>NA</b> |
|                             | <b>c) Wiring</b>                | <input type="checkbox"/> | <b>S</b> | <input type="checkbox"/> | <b>U</b> | <input type="checkbox"/> | <b>NA</b> |

*Corrective Actions Needed:*

*Corrective Actions Taken:*

- |   |                          |          |                          |          |                          |           |
|---|--------------------------|----------|--------------------------|----------|--------------------------|-----------|
| <b>2) Test of operation warning lamps</b> | <input type="checkbox"/> | <b>S</b> | <input type="checkbox"/> | <b>U</b> | <input type="checkbox"/> | <b>NA</b> |
|---|--------------------------|----------|--------------------------|----------|--------------------------|-----------|

*Corrective Actions Needed:*

*Corrective Actions Taken:*

- |   |                          |          |                          |          |                          |           |
|---|--------------------------|----------|--------------------------|----------|--------------------------|-----------|
| <b>3) Test fail-safe warning lamp circuit</b> | <input type="checkbox"/> | <b>S</b> | <input type="checkbox"/> | <b>U</b> | <input type="checkbox"/> | <b>NA</b> |
|---|--------------------------|----------|--------------------------|----------|--------------------------|-----------|

*Corrective Actions Needed:*

*Corrective Actions Taken:*

**4) In activated state, barrier access closes beam shutter**       S                       U                       NA

*Corrective Actions Needed:*

*Corrective Actions Taken:*

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**5) In by-pass mode, barrier access does not close beam shutter**       S                       U                       NA

*Corrective Actions Needed:*

*Corrective Actions Taken:*

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6)     **Affix a dated and signed inspection sticker (form 46200.012) to the front of the x-ray barrier**

7)     **X-ray unit returned to normal operating conditions**

8)     **Equipment log book entry completed**

9)     **Complete X-Ray Barrier Preventative Maintenance Schedule (form 46200.016)**