NIGERIAN NUCLEAR REGULATORY AUTHORITY

CHECKLIST FOR COMMISSIONING AND REGULAR INSPECTION OF NUCLEAR MEDICINE FACILITIES

Guidance Notes for Inspector(s):

Prepare a visit agenda to review the operating programme with details contained in the application for authorization, the authorization certificate (if any), prior programme reviews, inspection reports and their implementation, relevant correspondence and other relevant documentation such as dosimetry reports.

Check the following for compliance with the authorization and with the NNRA requirements.

Monitoring equipment and accessories required should be available for use as and when required.

Give entry briefing to the most senior management personnel.

I **IDENTIFYING INFORMATION**

I-1 **Name of the Institution**: ……..

I-2 **Address of Institution**:……..

……..……..

I-3 **Telephone/facsimile/email**: Tel. #: …… Fax: ……..

Email: ……..

I-4 **Authorization Number**: ……..

I-5 **Name and Qualifications of the:**

i. Nuclear Medicine Physician
Name: ……..
Degree: ……...
Certification:…….
Experience: …….
Email…….

ii. **Radiation Medical Pgysicist**
Name: ……..
Degree: ……...
Certification:…….
Experience: …….
Email…….

iii. **Radiographer/Nuclear Medicine Technologist**
Name: ……..
Degree: ……...
Certification:…….
Experience: …….
Email…….

I-6 **Name and Qualifications of the Radiation Protection Officer**
If not the Radiation Medical Physicist
Name: ……..
Degree: ……...
Certification:…….
Experience: …….
Email…….

I-7 **The name and title of the Responsible representative of the legal person**: ……..
……..

II INFORMATION ON CLINICAL PRACTICES

II.1 IN VITRO INVESTIGATORS

a) Information on Personnel

Name	Profession	Qualifications	Experience

b) Information on Equipment
(In Vitro Counting and Lab Equipment)

Type	Manufacturer	Model	Date Acquired	Functional	
				Yes	No

C) Information on Radio Immunoassay kits
(Radio Immunoassay Kits)

Type	Bulk	Ready to use	Manufacturer	Kits per	
				Month	Year

d) Information on Procedures

Main Fields Referral:

In Vitro Procedures

Type of Investigation	Are Written Protocol Available? (Y/N)	Number of tests per month	Turn around time	Are there adequate controls and checks on the results?	
		No			

II.1 IN VIVO INVESTIGATORS

a) Information on Personnel

Name	Profession	Qualifications	Experience

c) Please list all available Imaging and Non-Imaging Equipment (e.g Scintillation Camera (Planar or SPECT) or Thyroid Uptake Systems). List computer imaging systems as well.

Type	**Manufacturer**	**Model**	**Date Acquired**	**Functional**	
				Yes	**No**

d) Labelling Kits Used for In-Vivo Studies

Type	Manufacturer	Kits Used MBq/week

e) Information on Procedures

Main Fields Referral:

In Vivo Procedures

Investigation	Are Written Protocol Available? (Y/N)	Number of investigations per month	Turn around time

f) Hospitalization Facilities

Is Isolation Room available?	Yes/No
Separate toilet available?	Yes/No
Are delay tanks available?	Yes/No
Are adequate waste disposal procedures available?	Yes/No
Are rules available for discharging patients?	Yes/No
Are rules available for control of patients?	Yes/No
Are written instructions for visitors available?	Yes/No
Radiation signs available	Yes/No
Patient Instructions available	Yes/No
Nursing staff instructions available	Yes/No

II.3 **THERAPEUTIC PROCEDURES**

a) Information on Personnel

Name	**Profession**	**Qualifications**	**Experience**

b) Information on available Equipment (e.g. Source Calibrator)

Type	**Manufacturer**	**Model**	**Date Acquired**	**Functional**	
				Yes	**No**

c) Information on Radiopharmaceuticals

Type	Manufacturer	Activity Ordered MBq/week

d) Information on Procedures
(Therapeutic Procedures)

Main Field Referral:

Procedure	Are Written Protocol Available? (Y/N)	Number of Procedures per month

IX RECOMMENDTIONS

Name of Inspector: ……..

Signature: …….. Date: …….