



SAFETY INSPECTION AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATIONS INSPECTED	2. LICENSE NUMBER(S)
3. DATES OF INSPECTION	4. TYPE OF INSPECTION
5. INSPECTION PROCEDURES USED	6. INSPECTION FOCUS AREAS

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODES	2. PRIORITY
3. LICENSEE CONTACT	4. TELEPHONE NUMBER

Inspector Information

Name	Signature
Phone No.	Email address

Main Office inspection Next Inspection Date _____

Field Office Inspection _____
 Temporary Job Site Inspection _____

Approved: _____

Radiation Control Program Director Signature / Date

Program Scope

Conclusions