# RADIATION CONTROLLED AREA AND EQUIPMENT HANDOVER FORM

## Part 1: CUSTOMER – Handover of controlled area and equipment to Company Representative

| | | |
|---|---|---|
| FACILITY / DEPARTMENT: | CONTROLLED AREA / ROOM:<br>EQUIPMENT: | |
| COMPANY CARRYING OUT WORK: | ID SEEN:<br>YES ☐ / NO ☐ | CALL REFERENCE NO: |
| REASON FOR HANDOVER: | | |
| IDENTIFY KNOWN HAZARDS WITH CONTROLLED AREA OR EQUIPMENT: | | |

| | | | |
|---|---|---|---|
| **Customer:** As an authorised representative of the customer, I hereby hand over the controlled area and equipment as above. Information has been exchanged to enable appropriate risk assessment to be made. | | **Company:** As an authorised, and suitably trained, representative of the company, I accept responsibility for the controlled area and equipment. I will work in compliance with my employer's procedures and Local Rules. | |
| Customer Representative: | Signature: | Company Representative: | Signature: |
| Date: | Time: | Date: | Time: |

## Part 2: COMPANY REPRESENTATIVE – Handover of controlled area and equipment to customer

*Please tick all applicable categories of work carried out. See visit/service report for full details*

| | CATEGORY OF WORK | DETAILS |
|---|---|---|
| ☐ | Routine service | |
| ☐ | Fault diagnosis / repair | |
| ☐ | Installation of part(s) | |
| ☐ | Upgrade / Modification | Hardware ☐ / Software ☐ |
| ☐ | Incident response | |
| ☐ | Hazard Notice response | |
| ☐ | Exposure protocol changes | |
| ☐ | Other | |

**Could this work have implications for radiation safety or patient dose or image quality? NO ☐ / YES ☐**

*If **yes**, tick one or more boxes below that apply. Please refer to the visit/service report for full details.*

| | | |
|---|---|---|
| ☐ Shielding | ☐ Interlocks / exposure termination | ☐ Safety features / warning devices |
| ☐ Beam quality / filtration / grid | ☐ Collimation / alignment / field sizes | ☐ Detector dose / input dose |
| ☐ Dose curve / protocol | ☐ Patient dose / dose rate / AEC | ☐ Imaging quality / processing |
| ☐ Dose indicator (e.g. DAP, skin dose) | ☐ Mechanical / Electronic / Scale Cal. | ☐ Other – Refer to the service report |

1. Equipment is **OPERATIONAL** following work as indicated above & detailed on the visit/service report. ☐
2. Equipment is **PARTIALLY OPERATIONAL,** but limitations may exist, please refer to visit/service report. ☐
3. Equipment is **NOT OPERATIONAL and MUST NOT BE USED.** ☐

| | | | |
|---|---|---|---|
| **Company Representative:** | **Signature:** | **Customer representative:** | **Signature:** |
| **Date:** | **Time:** | **Date:** | **Time:** |

## Part 3: CUSTOMER – Returning equipment to use.

**I confirm that I have been authorised as a competent customer representative ☐**

I confirm that the above company has provided information and that I have reviewed the associated service report and appropriate checks have been carried out in accordance with my employer's procedures.

1. **I am satisfied that the equipment is in a satisfactory condition for use.** ☐

2. **I am NOT satisfied that the equipment is satisfactory for use.** ☐

**Reason:**

**Actions Taken:**

| | | | |
|---|---|---|---|
| **Customer Representative:** | **Signature:** | **Date:** | **Time:** |

# GUIDANCE NOTES FOR RADIATION CONTROLLED AREA & EQUIPMENT HANDOVER FORM

## Introduction

With work involving ionising radiation equipment, compliance with the Ionising Radiations Regulations 2017 (IRR17) and the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R17) is required to ensure the safety of all who may be affected by the work. There must be co-operation between employers and employer's procedures must be followed.

These notes give guidance on what to do when a representative from a company or service provider (*e.g.* engineer, application specialist, medical physics, *etc.*) comes to do work on ionising radiation equipment. For the purpose of this guidance, "work" includes installation, survey, routine service, repair, adjustment, part replacement, software upgrade, hardware upgrade, reactive visit or making changes to exposure protocols. Where possible, prior notice should be given to the customer of what the work will involve. This would allow the customer to plan and if necessary, consult the MPE/RPA prior to work being carried out.

The employer (customer) should have a written procedure for employees (*e.g.* radiographers) to follow when equipment is handed over and when equipment is accepted back. The procedure should cover who is authorised to do what and the action that is to be taken. For example:

- Handing equipment over to service provider – who is authorised to hand over equipment and what to do
- Accepting equipment back from service provider – who is authorised to do this and what to do
- Returning equipment to use – who is authorised to return equipment to use and what to do

The employer's procedures should also cover what actions are to be taken in the event of equipment issues/faults, while awaiting investigation and resolution. This should provide staff (*e.g.* radiographers) with clear guidance to follow when the ionising radiation equipment fails to function correctly and there may be safety implications for patient, staff or other people. These situations might include:

- when equipment produces an excessive over or under exposure (*e.g.* AEC fault, collimator fault, *etc.*);
- when a system fails to render an image, or the image quality is inadequate;
- interlock failure affecting exposure;
- jammed radiation source in equipment that contains radioactive source(s), *etc.*

In these situations, the appropriate action is to:

(i) Stop using the equipment and make no further exposure using the same equipment;

(ii) Place a sign to the equipment or room warning that the equipment must not be used, with date, time and name;

(iii) Contact the radiation protection supervisor (RPS) and appropriate line manager (procedures should include what to do when out-of-hours);

(iv) If instructed, contact the radiation protection adviser (RPA) and medical physics expert (MPE); and

(v) Contact the equipment maintenance provider (*e.g.* Manufacturer, Managed Equipment Service provider (MES), Service Company, In-house engineer).

Usually, whenever ionising radiation equipment is handed over to a company representative or service provider, the "Controlled Area" is also temporarily handed over to this person, who is suitably trained and will carry out work under their employer's Local Rules. The employer who designates the area is responsible for compliance with IRR17.

A sign should be displayed at the entrance to the controlled area to indicate who now has control of the controlled area, along with the appropriate Local Rules. If the customer's staff needs to enter the controlled area during this time, they would then have to do so under the conditions of the company/service provider's Local Rules and must therefore be aware of these Local Rules.

In some cases, with prior agreement and sharing of all relevant information, the company or service provider (*e.g.* medical physics staff carrying out testing under normal operating conditions, application specialist doing training) may choose to work under the customer's Local Rules. In such cases, the company or service provider employees must be aware of the contents of, and their responsibilities under, the customer's Local Rules.

The "Radiation Controlled Area and Equipment Handover" form is part of the handover procedure. The form is divided into three parts:

**Part 1: CUSTOMER – Handover of controlled area & equipment to Company Representative**

To be completed by the person who passes the piece of radiation equipment to the company representative or service provider representative (engineer, application specialist, medical physics staff, *etc*.). Any known hazard for both the equipment and the environment must be made known to the representative (*e.g*. equipment contamination, other persons working nearby, *etc.*). Both parties must sign Part 1, filling in the date and time as well. By signing, the company representative or service provider representative accepts responsibility for the controlled area and equipment and agrees that they will work in compliance with their employer's procedures and Local Rules.

**Part 2: COMPANY REPRESENTATIVE – Handover of controlled area & equipment to customer**

To be completed by the company representative or service provider representative, who has carried out work on the equipment, and the customer representative. The customer representative in Part 2 may be a different person to the one who handed the equipment over in Part 1. The company representative or service provider representative will complete the following:

- Indicate the category of work carried out and include any details for this work. It is permissible to tick more than one category if appropriate.
- Indicate if the work carried out could have implications for radiation safety or patient dose or image quality. If yes, tick one or more boxes that apply.
- Indicate the operational condition of the equipment and whether further action is needed.
- Ensure that a copy of the visit/service report is available for the customer representative to read before leaving. This is especially important where report of what work has been carried out is in electronic format.
- Both parties sign and date the handover form.

**Part 3: CUSTOMER – Returning equipment to use**

This section is to be completed by the customer representative, who is authorised to sign for the return of equipment to use. Employer's procedures should be followed. This may involve procedures outside those associated with IRR17 and IR(ME)R17 (such as room preparation, electrical safety testing, *etc.*).

If the company representative or service provider representative has indicated that the work that has been carried out could have implications for radiation safety or patient dose or image quality, then advice from the RPA or MPE should be sought and equipment testing (*e.g.* quality control tests) may be required before the equipment can be returned to use, in accordance with the customer employer's procedure.

The customer representative completing Part 3 should tick the box to indicate if they are satisfied, or not satisfied (give reasons and actions taken), for the equipment to be returned to use and then fill in their name, sign, date and include the time. The completed handover form should be filed together with the visit/service report on work carried out.

## Information

This document and the associated controlled area and equipment handover form have been produced jointly by The Society for Radiological Protection (SRP) and the Association of Healthcare Technology Providers for Imaging, Radiotherapy and Care (AXREM), along with input from the Institute of Physics and Engineering in Medicine (IPEM) and The Society and College of Radiographers (SCOR).