

QUARTERLY SAFETY STATUS REPORT OF GAMMA RADIATION PROCESSING FACILITY (GRAPF)

REPORTING PERIOD:

Operational Status during reporting period

1. Source down time
(Reason for source down condition)
2. Utilisation Factor (UF):
(Source up time/ Total time):
3. Number of times source return to shielded position:
4. Number of entries into irradiation cell during this quarter with reasons:
 - Whether any replacement/modification of critical component/ safety systems carried out during reporting period?
 - If yes, give detailed list of critical components/ safety systems repaired/replaced

SAFETY SYSTEMS STATUS

(Report on functional checks carried out on various systems as specified by manufacturer)

1. SOURCE MOVEMENT SYSTEM:
 - 1.1 Hydraulic/Pneumatic System
(Functional check)
 - 1.2 Source raising wire ropes
(Checked over entire length)
2. PRODUCT MOVEMENT SYSTEM
 - 2.1 Conveyor movement
(Functional check)
 - 2.2 Linear transfer mechanism
3. VENTILATION SYSTEM
 - 3.1 No. of exhaust fan available and its functional status
 - 3.2 No. of air changes

3.3 Ozone concentration in ppm
(method used for measurement)

4. POOL WATER CLEAN-UP SYSTEM

4.1 Frequency and duration of operation
of pool water cleaning system

4.2 Water conductivity ($\mu\text{s}/\text{cm}$)

4.3 pH of pool water

4.4 Pool water contamination (Bq/l)

Functional performance of the Safety Systems/Interlocks as specified in Safety Code

Functional status of radiation detection and monitoring devices

Type of device	Number of monitors	Make, Model and Sr. No.	Ranges	Date of last calibration	Functional Status
Zone Monitor(s)					
Survey Meter(s)					
Pocket Dosimeter					
Pocket Alarms, if any					
Any other					

{Regular check for proper working of survey meters and gamma zone monitors should be carried out with a Cs-137 check source}

Radiation Protection Survey:

Radiation levels at different locations around the facility indicating stray radiation levels (attach facility layout sketch)

Particulars of Fire Safety Systems:

1. Functional status of the heat/smoke detectors with location :
2. No of fire extinguishers with locations of installations :
3. Status of fire fighting systems (water pump, any other systems) :
4. Whether the personnel trained in fire fighting : YES/NO

Particulars of Incidents and Emergencies, if any:

- 1 Date and time of occurrence of incident :
- 2 Brief description of incident :
- 3 Facility persons involved in handling of incident :
- 4 Prompt action taken :
- 5 Follow up action :
- 6 Radiological significance of the incident, if any:
- 7 Analysis of the incident :
- 8 Date and time of resuming the operation :

Schedule of servicing and maintenance: