

RSC GUIDELINES

University of Cincinnati

Radiation Safety Committee

Operations Guidelines Statement of Policy

(RSC Guidelines)

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RECORD OF REVISIONS PAGE

REVISION #	Date of Revision	Changes
Original		
1	11/30/2000	
2	2/20/2002	
3	8/17/05 and 9/14/2005	Added revisions page; added process for AMP approval; incorporated license conditions regarding membership and past RSC policy decision regarding the interactions between the RSC and QA Committees; modified membership requirements to change the nursing representative from a non-voting member to a voting member (voted on 8/17/2005 and wording finalized 9/14/2005)
4	11/16/2005	Modified requirements relating to the QA Committees to reduce from 2 Committees to 1 Committee per the transfer by TUH of TUH's RGE registration (and associated QA Committee) from the RCSP to TUH; incorporated RCSP change procedures to ensure the RSC has a readily accessible reference of the associated license and regulations requirements, and updated requirements for handling non-compliances to eliminate discrepancies between those listed in these guidelines and in the AU manual.
5	2/13/2013	Removed requirement for Chair to be listed on license (requirement removed with 2012 license renewal). Performed a full review of the manual and corrected typo/inconsistencies noted and added a few clarifications.
6	8/3/2021	Added Vice-Chairperson language, removed references to SHC and TUH, revised title specifics, removed AU application process detail, minor grammatical changes, and reformatted document to meet ADA requirements.

RSC GUIDELINES

1. PURPOSE OF THE GUIDELINES

- 1.1. The guidelines presented herein shall be used and applied by the Radiation Safety Committee (RSC) for and during their administration of the University of Cincinnati Radiation Control and Safety Program (RCSP).
- 1.2. The objectives of these guidelines are to formalize the structure, authority, responsibilities, and procedures of the RSC in order to facilitate the RSC's activities. The guidelines will also assist the RSC in the formulation of standards for the audit, review, and compliance purposes of the RCSP.
- 1.3. The RCSP is fully described in the Radiation Control and Safety Program Manual

2. COMMITTEE

2.1. Composition

2.1.1. The RSC shall be formed in accordance with the following composition:

2.1.1.1. Voting Members: At least eight voting members (Chairperson plus seven members)

2.1.1.1.1. Including individuals with expertise in:

2.1.1.1.1.1. Nuclear Medicine;

2.1.1.1.1.2. Radiation Oncology;

2.1.1.1.1.3. Radiological/Medical Physics;

2.1.1.1.1.4. The principal area(s) or research performed under the RCSP involving the use of radioactive materials; and

2.1.1.1.1.5. A Nursing Representative

2.1.1.2. Non-Voting Members consisting of three ex-officio members including:

2.1.1.2.1. The Radiation Safety Officer (RSO);

2.1.1.2.2. A representative of University of Cincinnati administration, who is at least an Associate Vice President of the University of Cincinnati; and

2.1.1.2.3. One or more of the following:

2.1.1.2.3.1. Director of Environmental Safety & Health;

2.1.1.2.3.2. Animal Use Committee Representative; or

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- 2.1.1.2.3.3. Others (as deemed appropriate by the RSC Chairpersons, RSC Administrative Representative or RSO).
 - 2.1.2. RSC membership shall be representative of the different organizations and uses of radiation sources within the facilities and institutions covered by the RCSP and/or sharing the responsibilities for radiation safety under the RCSP.
 - 2.1.3. RSC membership shall include the Chairperson of the CCHMC Quality Assurance Committee. This individual may be a voting member or non-voting member depending on other expertise brought to the RSC.
 - 2.1.4. All members of the RSC shall be appointed by the President of the University of Cincinnati or a suitable designee (e.g., a Vice President). New members may be recommended by the faculty and/or any member of the RSC.
 - 2.1.5. Any voting member may be designated the role of Vice-Chairperson of the Radiation Safety Committee.
 - 2.1.5.1. The Vice-Chairperson shall be nominated by either the RSC Chairperson of an RSC Executive Subcommittee.
 - 2.1.5.1.1. The Vice-Chairperson shall be approved by full committee (quorum) vote.
 - 2.1.5.2. The Vice-Chairperson may serve as the committee Chair in the absence of the committee Chairperson.
 - 2.1.5.3. The Vice-Chairperson shall retain status as a RSC voting member.
- 2.2. Tenure
 - 2.2.1. Voting RSC members will be appointed for up to a three-year term and may be reappointed.
 - 2.2.2. Non-voting members, who are members by title or assigned responsibility, shall remain members as long as they hold that title. All other non-voting members will be appointed for up to a three-year term and may be reappointed.
 - 2.2.3. The RSC Chairperson, who must be a voting member, shall be appointed for a three-year term and may be reappointed.
 - 2.2.3.1. Any voting member may be appointed as RSC Chairperson after he/she has served two years as a member of the RSC.

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2.2.4. The RSC Vice-Chairperson will serve as such under the discretion of the RSC Chairperson.

2.2.4.1. The Vice-Chairperson shall be appointed for up to a three-year term and may be reappointed.

2.3. Experience of the RSC Members

2.3.1. All voting RSC members, who are members due to their expertise with radioactive materials, shall have at least two years' experience in the use and control of radiation sources or be an authorized user under the RCSP. The individual will also be either:

2.3.1.1. A University of Cincinnati faculty member; or

2.3.1.2. Hold a supervisory position of the specific area of expertise at the University of Cincinnati or one of the institutions covered by the RCSP.

2.3.2. The voting RSC member(s) who is a member due to their expertise in radiological/medical physics shall be a University of Cincinnati faculty member and have at least two years' experience in radiological/medical physics or be an Authorized Medical Physicist (AMP) under the RCSP.

2.3.3. The voting RSC member who is the nursing representative shall be an individual who is knowledgeable in the radiation safety issues related to nurses and health care workers providing care to patients under radiation precautions, and who is either a University of Cincinnati faculty member, or a full-time employee of Cincinnati Children's Hospital Medical Center with the title of nurse and had their credentials verified by the senior management of the respective hospital. The individual should have a supervisory responsibility over the nursing staff at the respective hospital.

2.3.4. All voting RSC members, who are members due to their expertise with radiation-generating equipment, shall be University of Cincinnati faculty members or hold a supervisory position or position of the specific area of expertise at the University of Cincinnati or one of the institutions covered by the RCSP.

2.4. The RSO shall maintain a file of credentials of RSC members.

2.5. The RSC Executive Committee

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- 2.5.1. An Executive Committee consisting of the RSC Chairperson, the University Administrative Representative to the RSC (or his/her designee), the RSO, and any other voting RSC member may act for the RSC in routine matters that would benefit from or need expedited action between regular meetings.
- 2.5.2. The types of actions that could be taken by an Executive Committee include:
 - 2.5.2.1. Executive approval of initial and amendment applications for the use of radioactive material;
 - 2.5.2.1.1. In the case of an Executive Committee for a Human-use authorization application, the “other voting committee member” must be a physician from a division other than that of the AU applicant.
 - 2.5.2.2. Disciplinary action for AU’s whose compliance records require RSC review; or
 - 2.5.2.3. Meeting with authorized users regarding failure to follow “spill” notification requirements, as outlined in RSC Policy 98-2.
- 2.5.3. Actions of the Executive Committee shall be documented, and the documentation reviewed at the next meeting of the RSC.
- 2.6. A Human-use Subcommittee will review Institutional Review Board (IRB) protocols.
 - 2.6.1. The Human-use Subcommittee membership will follow the criteria outlined within the RCSP Manual.
 - 2.6.2. Human-use protocols are reviewed in accordance with the criteria outlined within the RCSP Manual.

(Note: Protocols forwarded from the IRB to the RSC are considered requests for approval of the protocol only. The approval does not constitute approval of the principle investigator (PI) as an AU. The review and approval is limited to radiation safety issues only and does not constitute approval in regard to the medical procedure(s) itself and/or safety of the patient in regard to the medical procedure(s).)
- 2.7. The RSC Chairperson
 - 2.7.1. The official RSC Chairperson is the individual designated by the University of Cincinnati President or suitable designee (e.g., A Vice President).

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- 2.7.2. A RSC Chairperson must be available to carry out the duties of the RSC Chairperson during normal University of Cincinnati business days and hours. The official RSC Chairperson may delegate their duties to any other voting member of the RSC for a period of time up to 30 days. The delegation must be documented in a letter or memorandum to the other voting member, with a copy to the RSO and University Administrative Representative. The letter or memorandum must list the dates of delegation.
- 2.7.2.1. The Vice-Chairperson may assume the role of the RSC Chairperson in their absence or until a replacement Chairperson is appointed but may not serve for more than a continuous one-year period.
- 2.7.2.2. A Vice-Chairperson serving as the Chairperson will be documented in the meeting agenda.
- 2.7.3. In addition to chairing the meeting, the RSC Chairperson duties include:
- 2.7.3.1. Signing for the RSC printed or electronic copies of authorizations for radioactive material approved in accordance with the RSC guidelines;
- 2.7.3.2. Preparing and signing disciplinary action letters or memorandums issued to AU's, CP's, or other individuals covering action taken by the RSC;
- 2.7.3.3. Ensuring RSC member reappointments or replacements are confirmed prior to expiration of term or, if due to member resignation within 30 days of the date of resignation;
- 2.7.3.3.1. The official reappointment letters are to come from the University of Cincinnati President, his/her suitable designee or the committee's administration representative.
- 2.7.3.4. Guaranteeing completion of the RSC annual audit, including making assignment to RSC members, ensuring assignments are completed in a timely manner, then preparing and submitting the report to the President of the University of Cincinnati or his/her designee;
- 2.7.3.5. Drafting, in conjunction with the RSO, the meeting agenda for regular RSC meetings and ensuring the agenda is distributed to RSC members at least three working days prior to the meeting;

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- 2.7.3.6. Ensuring RSC meeting are held at least quarterly and that minutes are maintained in accordance with these guidelines; and
- 2.7.3.7. Issuing tentative meeting dates for the next calendar year at the last scheduled meeting of the current calendar year.
- 2.7.4. In addition, the RSC Chairperson may act in the name of the RSC for the following actions, all other actions in the name of the RSC must be performed by an Executive Committee, as outlined above, or require the approval of a quorum of RSC members.
 - 2.7.4.1. Extend disciplinary action deadlines established for an AU for 30 days if the AU can reasonably justify the need for the extension.
- 2.8. Radiation Safety Officer (RSO)
 - 2.8.1. The RSO shall derive authority from the RSC and shall be the operating agent of the RSC. The responsibilities of and delegation of authority to the RSO are stated in the Radiation Control and Safety Program Manual.
 - 2.8.2. The RSC may change or revise the RSO's duties and responsibilities within the limits of license, permit and registration requirements, and applicable rules and regulations of the pertinent regulatory agencies.
 - 2.8.3. The RSC will support the RSO in those instances where it is necessary for the RSO to assert his/her authority.
 - 2.8.4. If the RSC makes a decision that disagrees with the RSO's recommendations or which overrules a RSO decision or action, the RSC will record the RSO's recommendation or action along with the basis for the RSC's action in the minutes of the current, or if not done at a regular meeting, at the next regular RSC meeting.

3. MEETINGS

- 3.1. The RSC shall hold meetings to discuss radiation control and safety issues requiring program level solutions and/or RSC action. Items to be included in the full RSC meetings include:
 - 3.1.1. Executive Committee decisions;
 - 3.1.2. New proposals for use of radionuclides, and other radiation sources;

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- 3.1.3. Subcommittee reports, including, but not limited to Quality Assurance Committee meeting minutes; and
- 3.1.4. Other items that may be covered at the RSC meetings include, but are not limited to:
 - 3.1.4.1. Review and modification of current program practices and procedures; and
 - 3.1.4.2. Audits of the RCSP.
- 3.2. Quorum requirements are as follows:
 - 3.2.1. 50% of the voting membership;
 - 3.2.2. The RSO or an assistant RSO, if the RSO cannot be present; and
 - 3.2.3. The University Administration's representative or delegate.
- 3.3. The meeting minutes are to be recorded and the recording maintained until approval of the corresponding official minutes.
- 3.4. Frequency
 - 3.4.1. The RSC will meet at least once every calendar quarter. The RSC Chairperson will issue tentative meeting dates for the next calendar year at the last scheduled meeting of the current calendar year.
 - 3.4.2. Annually the RSC shall perform an audit of the RCSP. This annual audit shall be scheduled to occur at approximately the same time each year but shall not be completed more than 13 months after completion of the previous audit. Within 90 days of completion of the audit the finding(s) will be discussed at a RSC meeting and forwarded to the President of the University or his/her designee.
 - 3.4.3. Additional meetings of the RSC may be scheduled by the RSC Chairperson, if requested by:
 - 3.4.3.1. The RSC Chairperson;
 - 3.4.3.2. The RSO;
 - 3.4.3.3. The President of the University of his/her designee;
 - 3.4.3.4. Any two RSC members; or
 - 3.4.3.5. 10 authorized users (AUs).
- 3.5. Agenda
 - 3.5.1. The RSC Chairperson and the RSO will prepare the tentative agenda.

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- 3.5.2. The RSC Chairperson shall ensure the agenda is distributed to the RSC members at least three working days prior to the meeting date.
- 3.5.3. Any RSC member may recommend agenda items and shall notify the RSC Chairperson and/or the RSO at least 10 days prior to the meeting date regarding recommended agenda items. Additional items may be added without the 10 days' notice; however, items added after the initial agenda is distributed to the RSC membership may be tabled until the next RSC meeting.
- 3.5.4. Items requiring a committee vote will be clearly identified on the meeting agenda.
- 3.5.5. The agenda for the annual review meeting is discussed in Section 8.0 herein.

3.6. Votes

- 3.6.1. For action where votes are required voting shall be limited to RSC members designated as "voting members" except:
 - 3.6.1.1. For Executive Committee approval of new authorizations or amendments to new authorizations; and
 - 3.6.1.2. In the case of a tie vote, at which time the RSO shall cast the tie-breaking vote.

3.7. Records

- 3.7.1. All RSC meetings shall be documented by a record of official minutes. The official minutes shall be approved by the RSC members and filed in accordance with the recordkeeping requirements of the RCSP, appropriate administration officials of the University of Cincinnati, and applicable regulatory requirements.
- 3.7.2. The RSC Chairperson shall ensure that the meeting minutes are documented and recorded (recording maintained until minutes approved by the RSC). The official documented minutes shall contain as a minimum:
 - 3.7.2.1. Copy of the agenda;
 - 3.7.2.2. Attendance list;
 - 3.7.2.3. Issues covered with conclusions;
 - 3.7.2.4. RSO's activities report, including ALARA review(s);
 - 3.7.2.5. Program audit actions and results;
 - 3.7.2.6. List of items for future action;

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- 3.7.2.7. Summary of decisions and/or actions taken, with any votes taken recorded as numerical;
- 3.7.2.8. Attachments/enclosures as applicable; and
- 3.7.2.9. Amendments/referrals/responses to regulatory agencies.

4. COMMITTEE PURPOSE, RESPONSIBILITIES AND AUTHORITY

4.1. Appointment

- 4.1.1. The RSC is a committee of the Office of the President of the University of Cincinnati.

4.2. Purpose

- 4.2.1. To assist the President and the University in generating, implementing, and monitoring a RCSP for the University of Cincinnati that complies with the requirements of applicable regulatory agencies, licenses, permits and regulation.

4.3. Responsibilities

4.3.1. General

- 4.3.1.1. To carry out all responsibilities delineated by regulation and/or license condition.
- 4.3.1.2. To Acquire and maintain such licenses, permits and registrations that are required for the University of Cincinnati and affiliate institutions covered under the RCSP to possess and use radioactive sources and radiation generating equipment.
- 4.3.1.3. To review and approve safety evaluations of new proposed uses of radiation sources before their use.
- 4.3.1.4. To review and approve the following:
 - 4.3.1.4.1. Amendments and renewals to the license(s) for possession and use of radioactive materials; and
 - 4.3.1.4.2. All required responses to the regulatory agencies.

(Note: The RSO will draft all required documents.)

- 4.3.1.5. To define and implement a RCSP that complies with the requirements of the licenses, permits and registrations. This includes developing necessary

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manuals and written policies to communicate requirements to affected individuals.

- 4.3.1.6. To establish and maintain a University of Cincinnati Radiation Safety Office (RSOf) directed by a Radiation Safety Officer (RSO) to carry out the RCSP.
 - 4.3.1.7. To oversee the operation of the RCSP.
 - 4.3.1.8. To review the operation of the RCSP, at least annually.
 - 4.3.1.9. To conduct periodic audits of records maintained to demonstrate compliance with applicable rules, regulations, and specific license conditions.
 - 4.3.1.10. To assure compliance with the ALARA philosophy.
 - 4.3.1.11. To submit a report to the President of the University or his/her designee, at least annually, summarizing the functions, activities, and achievements of the RCSP.
 - 4.3.1.12. To hold meetings at least quarterly.
- 4.4. Authority – The RCSP delegates specific authority to the RSC for the following:
- 4.4.1. To grant and withdraw AU or AMP status;
 - 4.4.2. To require restrictions and/or limits on AU activities;
 - 4.4.3. To require AUs, AMPs, CPs, and radiation workers to attend such trainings as may be specified and recommended by the RSO. (General content for initial training course requires RSC or a RSC Executive Committee approval);
 - 4.4.4. To monitor, inspect and/or audit the activities of AUs, as required under applicable licenses;
 - 4.4.5. To amend the RCSP as necessary to assure compliance with rules, regulations, and license conditions;
 - 4.4.6. To establish a Medical Quality Management Program (QMP) to meet regulatory requirements for human use of radioactive materials (RAM);
 - 4.4.7. To establish a Quality Assurance Program to meet regulatory requirements for radiation-generating equipment (RGE);
 - 4.4.8. To apply such enforcement actions as required by the RCSP and/or the RSC; and

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- 4.4.9. To establish the qualifications of the RSO, the Individual Responsible for Radiation Protection (IRRP), the RSO of technical staff, AUs, AMPs, CPS and Radiation Workers (RW).

5. COMMITTEE PROCEDURES

5.1. Authorization Procedures

5.1.1. Policy Statements

- 5.1.1.1. Radioactive material authorizations are issued to qualified applicants who wish to possess and use radioactive material controlled by the RCSP.

- 5.1.1.1.1. Radioactive material authorizations allow the AU to order, possess, and use radioactive material controlled by the RCSP program.

- 5.1.1.2. Authorized Medical Physicist authorizations are issued to qualified applicants who wish to act as an AMP under the RCSP.

- 5.1.2. Application process for both potential AU's and/or AMP's will follow a process outlined within the Radiation Protection Procedures Manual (Authorized User Manual).

- 5.1.3. The RSO shall present a completed application to the RSC for consideration. The RSC may approve, suggest changes, or disapprove the application.

- 5.1.3.1. The two principal components for an AU application considered by the RSC will be:

- 5.1.3.1.1. The training and experience of the applicant; and

- 5.1.3.1.2. The order and possession limits for each radionuclide.

- 5.1.3.2. The principal component for an AMP application considered by the RSC will be:

- 5.1.3.2.1. The training and experience of the applicant.

- 5.1.3.3. Consideration and approval of the remaining details of an AU or an AMP application, including specific experimental protocols may be delegated to the RSO.

- 5.1.3.4. If the authorization is approved, the RSC will instruct the RSO to issue an authorization to the applicant.

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- 5.1.3.5. If the application is disapproved, the RSC will instruct the RSO to notify the applicant in writing of the disapproval and the reason for the action. The RSO may make such recommendations as seem useful to improve the unsatisfactory items.

5.1.4. Training and Experience Criteria

- 5.1.4.1. AU training and experience criteria are specified in the Radiation Protection Procedures Manual (Authorized User Manual).

- 5.1.4.1.1. The application requirements are described in the RCSP Manual and the Authorized User's Manual.

- 5.1.4.1.2. To become an AU (Non-Human-use), the applicant shall be as described in the AU Manual.

- 5.1.4.1.3. To become an AU (Human-use) the applicant shall be as described in the AU Manual and meet all minimum state requirements.

(Note: The process for approval on Human-use protocols, which are not part of an AU request, is outlined in the Human-use Subcommittee of the Radiation Safety Committee Guidelines)

- 5.1.4.2. AMP training and experience criteria are specified in the Medical Physics Procedures Manual (AMP Manual).

- 5.1.4.2.1. The application requirements and process are described in the RCSP Manual and the AMP Manual and shall meet all minimum state requirements.

5.1.5. Authorization Amendments

- 5.1.5.1. The RSO will present a review and any recommendations to the RSC on any requested by an AU for an amendment on the following:

- 5.1.5.1.1. Any addition of a new radionuclide;

- 5.1.5.1.2. Any increase in radionuclide order or possession limit that exceeds the nominal limits previously established by the RSC;

- 5.1.5.1.3. Any procedure that is new to the RCSP and not similar to already established procedures; and

- 5.1.5.1.4. Any other amendment that the RSO requests.

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- 5.1.5.2. The RSC shall review any application for a radioactive material or radioactive material use, which is not covered by a current license from the Ohio Department of Health (ODH). If the RSC approves the radioactive material or radioactive material use, the RSC will request the RSO amend UC's license and await ODH approval prior to allowing possession and/or use of the radioactive material by the applicant.

5.2. Radiation Safety Training

- 5.2.1. The RSO shall review and revise as necessary the training materials for training courses to ensure that the content is appropriate for the training of applicable radiation workers.
- 5.2.2. New courses or significant revisions to any training courses will be presented to the RSC.

5.3. Surveys and Inspections

- 5.3.1. The RSC is responsible for establishing guidelines for the type and frequency of radiation surveys performed by the AUs, using as guidance from the appropriate license(s), permit(s) and/or regulations(s). The RSO will designate into an AU's authorization(s) any specific procedures and list the frequencies of surveys to be performed by AU staff.
- 5.3.2. AUs will maintain their own survey records and the RSO will review the records during routine audits and/or as deemed necessary by the RSO.
- 5.3.3. The RSO will conduct audits to review an AU's records to ensure they are in order and current.

5.4. ALARA and Personnel Monitoring Procedures

- 5.4.1. The RSO shall present general and specific radiation exposure control programs for RSC review and approval. The RSO will ensure that each AU and CP justifies his/her procedures and that exposures will be ALARA (individually and collectively).

5.5. Document and Record Control

- 5.5.1. All the activities of the RSC shall be documented and recorded in accordance with the requirements of the licenses, permits, and the regulations.

5.6. Program Changes

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- 5.6.1. Upon request of any individual, the RSC may make changes to the RCSP.
- 5.6.2. Changes requiring a license amendment shall be reviewed and approved by the RSC prior to submission of the license amendment.
 - 5.6.2.1. The RSO shall draft the license amendment and modify, as deemed appropriate by the RSC.
 - 5.6.2.2. The RSO shall submit a copy of the draft amendment for review and approval by the RSC. The RSC may review, modify, and approve amendments:
 - 5.6.2.2.1. At a RSC meeting.
 - 5.6.2.2.2. In the case of an emergency or minor amendment, the RSO:
 - 5.6.2.2.2.1. May distribute the draft amendment via hand-delivery or email to the RSC membership;
 - 5.6.2.2.2.2. Shall provide the RSC membership at least one week to review and submit comments to the drafted amendment; and
 - 5.6.2.2.2.3. May consider no response to the distributed draft as approval by a RSC member.
- 5.6.3. Changes to the RCSP may be made without modification of the license if the following conditions are met.
 - 5.6.3.1. Prior to making a change the RSC ensures the revision:
 - 5.6.3.1.1. Does not require a license amendment;
 - 5.6.3.1.2. Is in compliance with the regulations and, if applicable, the license; and
 - 5.6.3.1.3. Has been reviewed and approved by:
 - 5.6.3.1.3.1. The RSO;
 - 5.6.3.1.3.2. The University of Cincinnati administrative representative to the RSC; and
 - 5.6.3.1.3.3. The RSC.
 - 5.6.3.2. After approval of a change the RSC shall ensure:
 - 5.6.3.2.1. All associated manuals are updated accordingly; and

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- 5.6.3.2.2. All affected individuals are informed of the change prior to the effective date of the change.
- 5.6.3.3. Documentation of the change shall, at a minimum, include:
 - 5.6.3.3.1. A copy of the old and new requirements;
 - 5.6.3.3.2. A summary of the RSC discussion of the change and approval date;
 - 5.6.3.3.3. The effective date of the change; and
 - 5.6.3.3.4. The signature of the University of Cincinnati administrative representative to the RSC indicating this individual has reviewed and approved the change.
- 5.6.3.4. Documentation may be in the minutes of a RSC meeting or in a RSC approved policy.

6. COMPLIANCE AUDIT PROCEDURES

- 6.1. The RSC shall conduct an annual compliance audit of all relevant AU and RSO of activities in order to prevent the unauthorized use of or the unnecessary exposure to controlled radiation sources. This audit will include an audit of the Non-Human-use RGE program on a biennial basis or equivalent to the minimum state requirements.
- 6.2. The RSC Chairperson may select areas of the RCSP (i.e., inventory controls of licensed material, training, dosimetry, surveys, etc.) to be audited and may form subcommittees to carry out the audit activities in a selected RCSP area. A subcommittee shall have at least two members, one of whom is a RSC voting member.

7. ENFORCEMENT

- 7.1. Purpose
 - 7.1.1. The purpose of this section is to provide the RSC with guidelines for enforcement actions that are necessary to ensure compliance with the program.
- 7.2. Definitions
 - 7.2.1. A non-compliance item is defined as, but not limited to:
 - 7.2.1.1. The failure to perform any activity required by ODH rules and regulations and/or specific license conditions, or the RCSP;

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- 7.2.1.2. The failure to conduct activities in accordance with specific procedures contained in the various user applications for radioactive material and/or radiation generating equipment;
- 7.2.1.3. The failure to maintain required records and documents; and
- 7.2.1.4. The use of licensed radioactive material or radiation-generating equipment by unauthorized individuals or in unapproved areas.

7.3. Procedure

- 7.3.1. The RSC shall issue guidelines regarding actions to be taken in response to incidents of non-compliance. These guidelines shall be outlined in the Radiation Protection Procedures Manual (Authorized User Manual) or other appropriate sub-program manuals.
- 7.3.2. Serious non-compliance items as determined by the RSO will be promptly reported to the RSC Chairperson and will require a separate report to the RSC from the RSO at its next meeting.

7.4. Corrective Actions

- 7.4.1. Each non-compliance incident will be handled as follows:
 - 7.4.1.1. A report identifying the non-compliance and requesting action by the AU shall be issued by the RSO; and
 - 7.4.1.2. Non-compliances that reach an RSC set threshold or are of concern to the RSO shall be reported to the RSC. The RSC may decide to:
 - 7.4.1.2.1. Reiterate any serious non-compliance items to the AU and send a copy of the report to the appropriate Department Chairperson;
 - 7.4.1.2.2. Reduce the possession limit on the use authorization;
 - 7.4.1.2.3. Immediately suspend the authorization for a specific time period;
 - 7.4.1.2.4. Revoke the authorization until corrective actions specified by the RSC are accomplished; or
 - 7.4.1.2.5. Render any radiation generating equipment inoperable.

7.5. Appeals

- 7.5.1. Any person affected by an action of the RSC may appeal the action by submitting a written statement setting forth:
 - 7.5.1.1. The action appealed;

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- 7.5.1.2. A detailed statement of the relevant facts;
 - 7.5.1.3. The reasons that the RSC should rescind or modify its action; and
 - 7.5.1.4. A detailed statement of alternative corrective actions that meet the same objectives.
- 7.5.2. The appeal shall be considered no later than the RSC's next regular meeting.
- 7.5.3. All appeals shall be considered by a panel comprised of:
- 7.5.3.1. The RSC Chairperson;
 - 7.5.3.2. The University Administrative Representative;
 - 7.5.3.3. The RSO; and
 - 7.5.3.4. Three additional voting members of the committee.
- 7.5.4. The appeal shall be considered at a duly convened meeting with the AU or CP being invited to attend the meeting.
- 7.5.5. The affirmative vote of a majority of all panel members considering an appeal shall be necessary to grant the relief requested in the appeal.
- 7.5.6. A written statement of the results of the appeal shall be delivered to the appealing party and to all other affected personnel. The decision of the appeal panel shall be final.

8. COMMUNICATIONS AND COORDINATION

- 8.1. The RSC shall create and use effective methods and ways to regularly disseminate information to all individuals involved with the use and handling of radioactive material and/or radiation-generating equipment. The RSC may issue a newsletter, memo, or other forms for electronic communications whereby the CP's and/or AU's and their radiation workers are notified of relevant items discussed at the RSC meetings, of non-compliance items and trends, and of upcoming changes and revision to UC's RCSP and/or ODH rules and regulations.
- 8.2. Annual Program Review (audit) and Revisions
- 8.2.1. Review and discussion of the Annual Program Audit
 - 8.2.1.1. The Annual Program Review (audit) is an overall safety audit of the program.

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8.2.1.2. A report of the RSC findings, conclusions, and recommendations will be submitted to:

8.2.1.2.1. The President of the University or his/her designee; and

8.2.1.2.2. The members of the RSC.

9. RSC OPERATING GUIDELINES REVISION

9.1. The RSC may revise the guidelines stated herein as required by the RCSP implementation and/or changes in regulatory requirements.