Semi-annual Device Interlock Inspection Check List

RPE No. _____ Dept _____ Bldg _____ Rm _____

PI _____ Ext_____ Operator/Servicer_____ Ext_____

Radiation Safety Officer Scott Halle Ext x6435

Test conducted by: _____ Dept _____ Date_____

Confirm Function For Each Device Connected To Interlock	**Device Number**			
Item	**1**	**2**	**3**	**4**
1. Number of units connected to interlock[1] (*enter number*)				
2. shutter/device operation requires interlock activation (Y*es/No*)				
3. Entry way barrier present (*Yes/No/NA*)				
4. Control panel indicator lights functioning (Y*es/No*)				
5. Interior entry bypass function okay (Y*es/No/NA*)				
6. Bypass time interval[2] *(Number seconds/NA)*				
7. Egress does not require special knowledge (Y*es/No*)				
8. Panic bar exit function okay[2] (Y*es/No/NA)*				
9. Crash interlock function okay[2] (Y*es/No/NA*)				
10. Emergency crash "red mushroom" button okay[2] (*Yes/No/NA*)				
11. Hallway emergency door release function okay[2] (Y*es/No*)				
12. Emergency door release reset/key available (Y*es/No/NA*)				
13. Illuminated warning signs at entry points (Y*es/No*)				
14. Magnetic lock function okay (*Yes/No/NA*)				
15. Keypad/entry bypass at hallway door okay (Y*es/No/NA*)				

1. *Indicate in space below if interlock deactivates/crashes device or drops shutter.*
2. *This test will deactivate/crash device or drop shutter*

Comments/Corrective Actions

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____