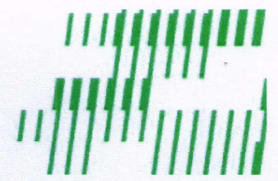


***POLICY***

***FOR KFUPM RADIATION SAFETY***

# KFUPM Radiation Safety Policy



## Purpose:

To ensure the safe use, storage, and disposal of radiation sources in teaching, research, and medical facilities at KFUPM.

To protect authorized users and the environment by complying with regulatory standards such as Nuclear and Radiological Regulatory Commission (NRRC).

## Scope:

The policy applies to all faculty, researchers, students, staff, and visitors involved in activities using radiation sources within the university.

## Responsibilities:

- **Responsible Department:** Ensure adequate resources, implementation, and enforcement of procedure for radiation safety.
- **Authorized Person:** Ensure radiation practices are licensed and conducted in compliance with regulatory (NRRC) requirements.
- **University Radiation Safety Officer (University RSO):** Ensure inspections and compliance assessments across all radiation related facilities. Coordinate for radiation equipment's regulatory requirements and approvals.
- **Radiation Safety Officer (Lab RSO):** Implement radiation safety programs, ensure regulatory (NRRC) compliance, conduct inspections, and provide guidance and training.
- **Authorized Users:**
  - Lab-In charge / Supervisors:** Ensure safe practices in their areas by authorize users, and ensure proper training and supervision.
  - Radiation Users:** Follow approved procedures, use protective equipment, report incidents, and comply with safety instructions and procedure for radiation safety.
  - Students and Visitors:** Comply with all safety requirements under supervision when involved in radiation-related activities.

## Stop Work Authority

The University RSO, Lab RSO, and authorized users shall have authority to stop all work and suspend any activity involving the use of radioactive sources or equipment that is violating safety standards or NRRC requirements and posing risks to health and safety of personnel.

## Area Classification and Signage

Workplaces involving ionizing radiation shall be classified based on assessment of expected annual effective dose and potential exposure conditions.

## Risk Assessment

A documented radiological risk assessment shall be conducted prior to commencement of any new radiation practice, modification of existing practice, or introduction of a new radiation source or radiation-generating equipment.

## Radiation Source Management

All radioactive sources shall be properly registered, inventoried, stored, used, transferred, and disposed of in accordance with approved procedures and applicable regulatory requirements.

## Audit and Inspection Program

A workplace monitoring and internal inspection program including annual radiation safety review program shall be established and maintained.

## Training and Work Authorization:

All personnel shall receive radiation safety training and formal authorization prior to working with radiation sources or radiation-generating equipment.

## Radioactive Waste Management

All radioactive waste generated from licensed practices shall be managed in accordance with applicable NRRC regulations. Radioactive waste shall be handled, stored, and disposed of in accordance with approved procedures provided by RSO.

## Incident Reporting and Emergency Response

- All radiation incidents, spills, losses, or suspected overexposures shall be reported immediately to the University Radiation Safety Officer (University RSO).
- Applicable emergency procedures shall be followed to protect personnel and limit exposure.

## Monitoring and Compliance

- Radiation Safety Programs, Procedures, and Guidelines shall be implemented in all facilities dealing with radiation as per applicable NRRC regulations.
- Any non-compliance, abnormal occupational dose, contamination event, procedural deviation, or radiological irregularity shall be formally documented and immediately reported to the University Radiation Safety Officer (RSO).

## Enforcement

Failure to comply with this policy may result in suspension of radiation privileges, escalation to the department's head, disciplinary action, or other measures as determined by the university management.

Shaker Mahrous  
Director General-EHS Department

31 March 2026

Date

# Procedure for Radiation Safety

## Document Details

<b>Document Number</b>	: KFUPM-EHS-SOP18
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Issued by

**Environment, Health, and Safety Department**

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### 1. Purpose and Scope

This procedure establishes a unified radiation safety governance framework at King Fahd University of Petroleum & Minerals (KFUPM) to ensure effective coordination, oversight, and regulatory compliance for all activities involving ionizing radiation, in accordance with the regulations of the Nuclear and Radiological Regulatory Commission (NRRC).

This procedure is based on the principles of radiation protection, including justification, optimization (ALARA – as Low as Reasonably Achievable), and dose limitation in accordance with NRRC regulations.

This procedure applies to all persons, laboratories, research centers, academic units, and support facilities at KFUPM that conduct or support any practice involving:

- Radioactive materials.
- Radiation-generating equipment.
- Storage, handling, transport, or management of radiation sources.
- Any activity involving ionizing radiation.

### Abbreviations

**NRRC** Nuclear and Radiological Regulatory Commission

**ALARA** As Low as Reasonably Achievable

**RSO** Radiation Safety Officer

**EHS** Environment, Health, and Safety

**KFUPM** King Fahd University of Petroleum & Minerals

### 2. Definitions

#### 2.1 Authorized Person (Licensee)

Individual designated by KFUPM and recognized by the NRRC as having legal responsibility for radiation protection and safety.

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### **2.2 University Radiation Safety Officer (University RSO)**

The University Radiation Safety Officer, appointed under the EHS Department, is responsible for establishing the University Radiation Safety procedure and conducting required assessments to ensure compliance.

### **2.3 Laboratory Radiation Safety Officer (Lab RSO)**

Individual responsible for day-to-day implementation of radiation safety requirements within a laboratory.

### **2.4 Authorized User**

Person formally trained and authorized to operate radiation sources or radiation-generating equipment.

## **3. Responsibilities**

### **3.1 Responsible Department**

- a. Ensure to provide adequate and necessary resources (manpower, equipment, PPE, budget etc.), oversight, and enforcement of radiation safety requirements.
- b. Ensure availability of lab RSO.
- c. Ensure implementation and enforcement of procedure for radiation safety.
- d. Ensure obtaining approval on the technical specifications from the University Radiation Safety Officer (University RSO) who is under EHS, prior to purchasing any equipment involving radioactive materials, radioactive sources, or X-ray generators. The Procurement Department shall not proceed without this approval. This approval is pertinent only to the technical specifications without any involvement in any commercial review nor exposure.

### **3.2 Authorized Person (Licensee)**

- a. Ensures ultimate legal responsibility and accountability before the NRRC.
- b. Ensures radiation practices are licensed and conducted in compliance with regulatory requirements.

### **3.3 University Radiation Safety Officer (University RSO)**

- a. Establishes the University Radiation Safety Procedure.
- b. Performs inspections and compliance assessments.

### **3.4 Radiation Safety Officer (Lab RSO)**

- a. Implements radiation safety programs.

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- c. Ensures regulatory compliance with NRRC requirements.
- d. Conducts inspections and compliance assessments.
- e. Provides guidance and training.
- f. Acts as the official liaison with the NRRC.

### 3.5 Authorized Users

#### 3.5.1 Lab-In charge / Supervisors

- a. Ensure safe practices in their areas of responsibility.
- b. Authorize radiation users.
- c. Ensure appropriate training and supervision.

#### 3.5.2 Radiation Users (Technicians)

- a. Follow approved procedures.
- b. Use required protective equipment.
- c. Report incidents, abnormal conditions, or unsafe situations.
- d. Comply with radiation safety instructions.

#### 3.5.3 Students and Visitors

- a. Comply with all radiation safety requirements under supervision when involved in radiation-related activities.

## 4. Stop-Work Authority

The University RSO is authorized to order the immediate suspension of any radiation-related activity that violates safety standards or NRRC requirements or poses risks to health and safety of personnel, subject to notification of the Authorized Person.

## 5. Procedure

### 5.1 Centralized Regulatory Coordination

All radiation-related regulatory interactions, including:

- a. License applications and renewals
- b. Source registration, modification, and decommissioning

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- c. Incident notifications
- d. Regulatory inspections and inquiries

### 5.2 Mandatory Cooperation

All units shall cooperate with the University RSO by:

- a. Providing accurate information
- b. Sharing records and logs
- c. Allowing inspections
- d. Informing the University RSO of planned or ongoing radiation activities

### 5.3 Dose limits

- a. For occupational exposure of worker over the age of 18 years:
  - An effective dose of 20 mSv per year averaged over five consecutive years (100 mSv in 5 years) and of 50 mSv in any single year.
  - An equivalent dose to the lens of the eye of 20 mSv per year averaged over five consecutive years (100 mSv in 5 years) and of 50 mSv in any single year
  - An equivalent dose to the extremities (hands and feet) or the skin of 500 mSv in a year.
- b. For occupational exposure of apprentices of 16 to 18 years of age who are being trained for employment involving radiation and for exposure of students of age 16 to 18 who use sources in the course of their studies:
  - An effective dose of 6 mSv in a year.
  - An equivalent dose to the lens of the eye of 20 mSv in a year.
  - An equivalent dose to the extremities (hands and feet) or to the skin of 150 mSv in a year.
- c. The dose to the embryo/fetus shall not exceed 1 mSv for the remainder of the pregnancy.
- d. For public exposure, the dose limits shall be:
  - An effective dose of 1 mSv in a year.
  - In special circumstances, a higher value of effective dose in a single year could apply, provided that the average effective dose over five consecutive years does not exceed 1 mSv per year.
  - An equivalent dose to the lens of the eye of 15 mSv in a year.
  - An equivalent dose to the skin of 50 mSv in a year.

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### 5.3.1 Occupational Dosimetry Program

- a. All radiation workers likely to receive occupational exposure shall be enrolled in an approved personnel monitoring program.
- b. The University RSO shall:
  - Determine eligibility for dosimetry.
  - Assign individual dosimeters.
  - Ensure periodic reading and review of dose reports.
  - Maintain official dose records.
- c. Investigation Levels:

Administrative investigation levels shall be established below regulatory dose limits. The administrative investigation level for occupational effective dose shall be 5 mSv per year.

If a worker's cumulative annual effective dose reaches or exceeds this investigation level, the University RSO shall:

- Initiate a documented investigation.
- Determine root cause.
- Implement corrective actions.
- Report to the Authorized Person.

These investigation levels are administrative control thresholds and do not replace regulatory dose limits.

- d. No radiation worker shall exceed NRRC regulatory dose limits under normal operational conditions.

### 5.4 Area Classification and Signage

#### 5.4.1 Area Classification

Workplaces involving ionizing radiation shall be classified based on assessment of expected annual effective dose and potential exposure conditions.

##### a. Controlled Area

A Controlled Area shall be designated where specific protection and safety measures are required to control occupational exposure, prevent contamination, or limit potential exposure.

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A Controlled Area is defined as an area in which the annual effective dose may reach 3/10 of the occupational annual dose limit (i.e., 6 mSv per year). or where special protection measures are required to control contamination or potential exposure.

### b. Supervised Area

A Supervised Area shall be designated where occupational exposure conditions require monitoring and periodic review but do not require full controlled area measures.

A Supervised Area is defined as an area in which the annual effective dose may reach 1/10 of the occupational annual dose limit (i.e., 2 mSv per year).

Area classification shall be periodically reviewed and revised when necessary.

### 5.4.2 Warning Signs

- a. Controlled Areas shall display the approved radiation warning symbol at all access points.
- b. Appropriate safety instructions shall be posted at entrances to Controlled Areas.
- c. Supervised Areas shall display appropriate radiation warning signage.
- d. All warning signs shall be clearly visible, legible, and properly maintained.

### 5.4.3 Access Control

- a. Access to Controlled Areas shall be restricted to authorized and trained personnel only.
- b. Administrative controls and/or physical barriers shall be implemented where required.
- c. Visitors shall be supervised at all times within Controlled Areas.
- d. Access control measures shall be proportionate to the level of radiological risk.

### 5.5 Risk Assessment

- a. Prior to commencement of any new radiation practice, modification of existing practice, or introduction of a new radiation source or radiation-generating equipment, a documented radiological risk assessment shall be conducted. The risk assessment shall:
  - Identify radiation hazards (external and internal).
  - Estimate potential occupational and public exposure.
  - Determine required engineering, administrative, and personal protective controls.
  - Define area classification (Controlled / Supervised).
  - Establish monitoring requirements.
- b. All radiation practices shall be planned and conducted in accordance with the ALARA principle (As Low as Reasonably Achievable), taking into account social and economic factors.

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- c. The University RSO shall review and approve radiological risk assessments prior to authorization of work.
- d. Risk assessments shall be periodically reviewed and updated when operational conditions change.

### 5.6 Radiation Source Control

- a. All radioactive sources shall be properly registered, inventoried, stored, used, transferred, and disposed of in accordance with approved procedures and applicable regulatory requirements. Access to radioactive sources shall be restricted to authorized, trained, and approved personnel only.
- b. The RSO shall also ensure that periodic inspections and leak tests for sealed sources (as applicable) are performed at intervals specified by NRRRC license conditions and not exceeding applicable regulatory requirements, and that all required documentation and records are properly completed and maintained.
- c. Radioactive sources shall be stored in designated and approved areas equipped with appropriate shielding and safety controls and clearly labelled with approved radiation warning signs. No radioactive source shall be used except for authorized purposes and in accordance with approved operating procedures. Any internal or external transfer or movement of radioactive sources shall be documented and performed only after obtaining prior approval from the RSO.
- d. Any loss, theft, or damage of radioactive sources shall be reported immediately to the RSO, and appropriate corrective and emergency actions shall be taken, including notification of the regulatory authority when required. Disposal of radioactive sources shall be performed only through licensed and authorized service providers and after obtaining the required regulatory approvals.
- e. Laboratory Radiation Safety Officers are directly responsible for the accuracy, completeness, and validity of all information, data, and records related to radioactive sources within their respective laboratories. The University Radiation Safety Officer shall exercise institutional oversight to ensure consistency, compliance, and regulatory alignment across the University, without prejudice to the ultimate legal responsibility of the Authorized Person.
- f. Radiation source control shall also include any additional requirements issued or updated in accordance with the regulations, rules, and directives of the Nuclear and Radiological Regulatory Commission (NRRRC) or other applicable regulatory authorities.

### 5.7 Audit and Inspection Program

#### 5.7.1 Internal Inspection and Monitoring

A workplace monitoring and internal inspection program shall be established and maintained.

The program shall:

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- a. Evaluate radiological conditions in all relevant workplaces.
- b. Assess occupational exposure in Controlled and Supervised Areas.
- c. Verify the continued appropriateness of area classification.
- d. Confirm compliance with radiation safety requirements.

The frequency of internal inspections shall be determined based on radiological risk assessment and operational conditions. At minimum, high-risk areas shall be inspected at least annually.

### 5.7.2 Annual Radiation Safety Program Review

The Radiation Safety Program shall be formally reviewed on an annual basis.

The annual review shall include:

- a. Evaluation of occupational dose records.
- b. Review of workplace monitoring results.
- c. Verification of area classification.
- d. Review of incidents, deviations, and enforcement actions.
- e. Assessment of effectiveness of implemented corrective actions.

### 5.7.3 Corrective Actions and Follow-Up

- a. Any identified non-compliance, radiological deviation, or safety deficiency shall:
  - Be documented.
  - Be investigated.
  - Have corrective actions defined and assigned.
  - Be verified for effectiveness prior to closure.
- b. Corrective actions shall be implemented without undue delay and proportionate to the level of risk.
- c. Immediate radiological hazards shall be corrected prior to continuation of work.
- d. Records of inspections, findings, and corrective actions shall be maintained in accordance with NRRC and KFUPM record retention requirements.

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### 5.8 Training and Work Authorization

All personnel shall receive radiation safety training and formal authorization prior to working with radiation sources or radiation-generating equipment.

Authorization to work with radiation sources shall be documented and maintained by the University RSO.

#### 5.8.1 Radiation Work Authorization

No radiation practice shall be conducted without prior authorization.

- a. Authorization shall require:
  - Valid NRRC license.
  - Completed risk assessment.
  - Confirmed area classification.
  - Verified shielding and safety controls.
  - Trained and authorized personnel.
  - Approved operating procedures.
- b. Authorization may be suspended if safety conditions are not maintained.

### 5.9 Emergency Preparedness and Notification

- a. Emergency procedures shall be established for potential radiation incidents, including:
  - Loss or theft of radioactive sources.
  - Source damage or leakage.
  - Contamination events.
  - Abnormal radiation levels.
  - Transportation incidents.
- b. Emergency Testing and Drills:
  - Emergency arrangements shall be periodically tested through drills at intervals determined by radiological risk assessment and commensurate with the magnitude and likelihood of potential radiological emergencies.
  - The scope and complexity of drills shall reflect the level of radiological hazard associated with the practice.
  - Records of drills, findings, and corrective actions shall be documented and maintained as part of the Radiation Safety Program records.

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- c. In case of a radiological incident:
  - Immediate actions shall be taken to secure the area.
  - Exposure shall be minimized.
  - The University RSO shall be notified immediately.
- d. The University RSO shall:
  - Assess radiological conditions.
  - Coordinate corrective actions.
  - Notify the Authorized Person.
  - Notify NRRC in accordance with regulatory reporting timelines.
- e. All incidents shall be documented and investigated.

### 5.10 Radioactive Waste Management

#### 5.10.1 General Requirements

All radioactive waste generated from licensed practices shall be managed in accordance with applicable NRRC regulations and approved institutional procedures.

#### 5.10.2 Waste Classification

- Radioactive waste shall be categorized according to:
  - Physical form (solid, liquid, sealed source, contaminated equipment)
  - Half-life and activity level
  - Regulatory classification as defined by NRRC

#### 5.10.3 Waste Handling and Storage

- Radioactive waste shall be collected in designated, clearly labeled containers.
- Temporary storage areas shall be approved, controlled, and appropriately shielded.
- Access to radioactive waste storage areas shall be restricted to authorized personnel.
- Waste containers shall display radiation warning symbols and relevant information (radionuclide, estimated activity, date).

#### 5.10.4 Decay-in-Storage (where applicable)

- Short-lived radioactive waste may be managed using decay-in-storage procedures, subject to:
  - Adequate storage time (minimum 10 half-lives unless otherwise specified by regulation).
  - Radiation survey prior to disposal.

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- Documentation and approval by the University RSO.

### 5.10.5 Disposal

- Radioactive waste and disused sealed sources shall only be transferred to licensed and authorized service providers after obtaining required regulatory approvals.

### 5.10.6 Recordkeeping

- All radioactive waste generation, storage, transfer, and disposal activities shall be documented and maintained as part of official radiation safety records.

## 5.11 Transportation of Radioactive Material

### 5.11.1 General

Transportation of radioactive materials shall comply with applicable NRC regulations and relevant international transport standards.

### 5.11.2 Packaging and Labeling

- Only approved and certified transport containers shall be used.
- Packages shall be labeled with appropriate radiation warning labels.
- Transport index (if applicable) shall be determined and documented.

### 5.11.3 Documentation

**Each shipment shall be accompanied by:**

- Valid regulatory authorization (where required)
- Transport documentation specifying radionuclide, activity, and package category
- Emergency contact information

### 5.11.4 Responsibility

No radioactive material shall be transported internally or externally without prior approval of the University RSO.

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### 5.11.5 Incident Reporting

**Any transport-related abnormal event, damage, or suspected loss shall be immediately reported to the University RSO and handled in accordance with emergency procedures.**

### 5.12 Non-Compliance, Investigation, and Enforcement

Non-compliance includes any deviation from NRRC regulatory requirements, license conditions, approved operating procedures, radiation safety controls, or this Radiation Safety Procedure.

The following constitute non-compliance, including but not limited to:

- a. Conducting radiation practices without valid NRRC authorization or outside the scope of the approved license.
- b. Unauthorized procurement, modification, transfer, or use of radioactive sources or radiation-generating equipment.
- c. Exceeding established administrative investigation levels or regulatory dose limits.
- d. Failure to report incidents, abnormal radiation levels, contamination events, or loss/theft of radioactive material.
- e. Unauthorized access to Controlled Areas.
- f. Improper storage, labeling, or security of radioactive materials.
- g. Withholding required information from the University RSO or regulatory authority.
- h. Failure to follow approved radiation safety instructions or procedures.
- i. Resuming suspended activities without formal authorization.

#### 5.12.1 Reporting and Documentation

Any non-compliance, abnormal occupational dose, contamination event, procedural deviation, or radiological irregularity shall be formally documented and immediately reported to the University Radiation Safety Officer (RSO).

#### 5.12.2 Investigation Process

The University RSO shall conduct a documented investigation to:

- a. Identify the root cause.
- b. Assess radiological and safety impact.
- c. Determine whether regulatory reporting to NRRC is required.
- d. Define appropriate corrective and preventive actions.

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### 5.12.3 Classification of Violations

- a. Serious violations include, but are not limited to:
  - Loss, theft, or unauthorized removal of radioactive material.
  - Exceeding NRRC regulatory dose limits.
  - Intentional bypass of safety controls.
  - Unauthorized modification of licensed radiation practices.
- b. Repeated violations of the same nature may also be classified as serious.

### 5.12.4 Corrective Actions and Timeline

- a. Corrective actions shall:
  - Be assigned to responsible persons.
  - Include defined implementation timelines proportionate to the level of risk.
  - Address both immediate containment and long-term prevention.
- b. Immediate radiological hazards shall be corrected prior to continuation of work.

### 5.12.5 Verification and Closure

- a. The University RSO shall verify implementation and effectiveness of corrective actions prior to formal closure of the case.
- b. Formal closure shall be documented.

### 5.12.6 Escalation and Enforcement

- a. Non-compliance may result in:
  - Temporary suspension of radiation activities.
  - Escalation to Department Head or higher management.
  - Administrative or disciplinary measures.
  - Regulatory enforcement actions when required.
- b. Serious or repeated violations shall be escalated to the Authorized Person.

## 5.13 Records and Documentation

Radiation safety records shall be established, maintained, and retained in accordance with NRRC regulatory requirements and applicable KFUPM procedures.

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The Licensee shall ensure that all records required for licensed radiation practices and for all radiation sources are properly created, controlled, and preserved.

The minimum required records shall include:

- a. Occupational radiation exposure records (external and internal monitoring results).
- b. Area monitoring and workplace survey records.
- c. Radiation and contamination survey reports, including any corrective actions taken.
- d. Inventory records reflecting acquisition, storage, transfer, use, and disposal of radioactive materials.
- e. Incident and abnormal event reports involving potential radiation exposure, contamination, or release of radioactive material.
- f. Records of incoming and outgoing radioactive shipments.
- g. Records of authorized discharges, including sewer releases where applicable.

All records shall:

- Be accurate, complete, and updated in a timely manner.
- Be controlled to prevent unauthorized alteration or loss.
- Be maintained in a secure format (electronic and/or hard copy) ensuring integrity and retrievability.
- Be available for regulatory inspection when required.

Retention periods shall comply with NRRC requirements, including:

- Long-term retention of occupational exposure records for not less than thirty (30) years or until the worker reaches the age of 75 years, whichever is longer.
- Retention of other radiation safety records in accordance with applicable regulatory retention requirements.

The regulatory authority shall have the right to review and obtain copies of required records.

Each radiation worker shall have the right to access his or her own occupational exposure records.

### **5.14 Procedure Enforcement**

This procedure is mandatory. Failure to comply may result in administrative and regulatory consequences.

This document is developed in accordance with RISU-GL-004-01 Radiation Safety Guidelines. For further details, refer to RISU-GL-004-01 Radiation Safety Guidelines.

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\*\*Detailed operational procedures covering emergency response, dosimetry management, waste handling, and radiation monitoring are addressed in separate implementing procedures under the Radiation Safety Program.

### 5.15 References:

1. King Fahd University of Petroleum & Minerals (KFUPM). RISU-GL-004-01 Radiation Safety Guidelines. Dhahran, Saudi Arabia.
2. Nuclear and Radiological Regulatory Commission (NRRRC). Regulation of Radiation Safety (NRRRC-R-01). Riyadh, Saudi Arabia, 2022. Available at: <https://nrrc.gov.sa>