

ACCELERATOR DIVISION SELF-ASSESSMENT INSPECTION REPORT

	Department Head Inspection	or	Monthly Area Manager Inspection			
Department:			spection Date:			
Inspected		Inspector(s):				
1.4	2mJ 2mJ 44h					
1st	2nd 3rd 4th					
		CO	ORRECTION ASSIGNED TO			
Item No.	DEFICIENCY DESCRIPTION (Please include specific location.)	indi	Note: Please assign an vidual from your department to coordinate abatement.	SCHEDULE COMPLETION DATE	DATE OF CORRECTION AND /OR REMARKS	