

RADIATION INCIDENT REPORT

(Retain a copy of this report for AU records)

Date: _____
To: Radiation Safety Office, ML 0591
From: _____ / _____
Authorized User's name (printed)/Authorized User's signature

Location of Incident: _____ / _____
(Building)/(Room)
Radionuclide(s) involved: _____ Estimated Activity: _____
Date/Time of Incident: _____ / _____ AM
(Date)/(Time) PM

REPORT INCIDENT TO RSO
Reported: _____ / _____ AM
(Date)/(Time) PM
Name of RSO staff member who took initial report: _____
Name of individual who made the initial report to the RSO: _____

Provide detailed description of incident. Answer questions below, as applicable. If more space is needed attach additional sheets. **Additional sheets attached?** Yes No

What happened? _____

Name(s) of individuals present: _____

Injuries sustained? No Yes (if yes, describe): _____

Personnel contamination? No Yes (if yes, describe): _____

Initial action taken: _____

Extent of damage: _____

Is there any contamination remaining after decontamination? [] No [] Yes (if yes, describe): _____

Statement of the possible cause(s): _____

Proposed action to prevent recurrence: _____

Additional comments/notes : _____

