

# **RADIATION INCIDENT REPORT**

(Copy of this report on share drive Incident Reports by year, quarter, AU)

**Date:**

**To: Radiation Safety Office**

**From:**

Authorized User's name (printed)/Authorized User's signature

**Location of Incident:**

(Building)/(Room)

**Radionuclide(s) involved:**

**Estimated Activity (mCi):**

**Date/Time of Incident:**

Date, Time (AM/PM)

## **REPORT INCIDENT TO RSO**

Reported:

Date, Time (AM/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:**