



RADIATION INCIDENT REPORT

Date of Incident: ___ / ___ / ___ **Licence/Source Registration Number:** ___ / ___

Person completing this report

Name:	
Position:	Licence no: <i>(if applicable)</i> ___ / ___
Department/Company:	
Phone:	Fax:
Email:	

Incident details

Location:	
Address:	
State:	
Type of operations: (e.g. hospital, university, industrial...)	
Type of Radiation Source:	
<input type="checkbox"/> X-ray Apparatus	<input type="checkbox"/> CT Apparatus
<input type="checkbox"/> Apparatus Incorporating a Sealed Source	<input type="checkbox"/> Accelerated Particle-beam Apparatus
	<input type="checkbox"/> Sealed Radiation Source
	<input type="checkbox"/> Non-ionising Radiation Source
	<input type="checkbox"/> Unsealed Radioactive Material
Has there been any release of radioactive material?	<input type="checkbox"/> No <input type="checkbox"/> Ongoing <input type="checkbox"/> Terminated <input type="checkbox"/> Unknown
Is there potential contamination of public areas?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Nature of incident

Medical	<input type="checkbox"/> Incorrect patient (including unnecessary/unplanned procedures) <input type="checkbox"/> Incorrect procedure (including any therapeutic dose delivered to incorrect tissue) <input type="checkbox"/> Exposure error (administered activity or radiation dose differs significantly from that prescribed) <input type="checkbox"/> Maladministration (i.e. incorrect radiopharmaceutical, activity, etc) <input type="checkbox"/> Equipment malfunction or failure <input type="checkbox"/> Other (specify):		
Loss / Theft	<input type="checkbox"/> Permanent Loss	<input type="checkbox"/> Temporary loss	<input type="checkbox"/> Unknown
Damage	<input type="checkbox"/> Damage to Source	<input type="checkbox"/> Equipment malfunction or failure	
Transport	<input type="checkbox"/> Package Damaged	<input type="checkbox"/> Incorrectly Transported	<input type="checkbox"/> Other
Industrial	<input type="checkbox"/> Accidental exposure	<input type="checkbox"/> Higher than normal exposure	
Other	<i>(Specify)</i>		

Radiation dose received

Please provide an estimate (including methodology or references) of the radiation dose received as a result of this incident. Include the type of radiation, number of people affected and total dose received by affected persons.

Additional pages attached



Description of incidents:

Please provide a description of the incident.

Additional pages attached

Persons notified

In the case of medical incidents, have the patient(s) involved been notified?

Yes No N/A

Were emergency services involved or notified of the incident?

Yes No N/A

Have any regulatory bodies been notified of the incident prior to this report? *(e.g. phoned HPS)*

No Yes.....

Please provide more information where relevant.

Corrective actions taken

Please detail any reviews conducted, or corrective actions that have been taken to minimise the likelihood of a similar incident occurring in the future. If the case is yet to be reviewed please send details when they become available.

Additional pages attached

Persons directly involved in this incident

Name:	
Position:	Licence no: <i>(if applicable)</i> _____ / _____
Department/Company:	
Phone:	Fax:
Email:	

Additional pages attached

Details of the ionising radiation apparatus involved

For incidents involving equipment failure or where the equipment was a contributing factor complete the information below:

Registration number: _____ / _____	Source location:
Source type and intended use:	
Manufacturer:	Model:
Identifying numbers: <i>(e.g. serial number)</i>	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Portable
Other relevant information:	

Details of the radioactive material (including sealed sources) involved:

For incidents involving radioactive material please complete the information below:

Radionuclide(s):	Possession licence / Source registration No.
Activity of source:	Calibration date: / /
Identifying numbers: <i>(e.g. serial/batch number)</i>	Quantity of material involved:
Physical form (e.g. solid, powder, solution...):	Chemical form:
Source storage location:	
Other relevant information:	

I hereby declare that this information is true and complete

Signature: _____

Date: ____/____/____

Print name: _____