Health Protection Service
Howard Florey Centenary House, 25 Mulley Street, Holder ACT 2611
Locked Bag 5005, Weston Creek ACT 2611
Phone: (02) 5124 9700 Fax: (02) 5124 5554
Email: hps@act.gov.au
Website: www.health.act.gov.au
ABN: 88 407 290 295

RADIATION INCIDENT REPORT

Date of Incident: ___ /____ /_____ Licence/Source Registration Number: _____ /_____

Person completing this report

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

Incident details

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

Nature of incident

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

Radiation dose received

Please provide an estimate (including methodology or references) of the effective 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 incident:

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 or Manager's details

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

☐ Additional pages attached

Details of the ionising radiation apparatus involved *(if applicable)*

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: *(e.g. serial number)*	☐ Fixed ☐ Mobile ☐ Portable
Other relevant information:	

Details of the radioactive material (including sealed sources) involved (*if applicable*)

For incidents involving radioactive material please complete the information below:

Was the incident related to a Nuclear Medicine procedure? Please circle Yes / No	If yes, please provide relevant information:
Radionuclide(s):	Possession licence / Source registration No.
Activity of source:	Calibration date: / /
Identifying numbers: *(e.g. serial/batch number)*	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.

☐ I hereby confirm that the person involved in the incident was appropriately licensed for the procedure/activities being carried out.

Signature: _____ Date: ____/_____/_____

Print name: _____

Please submit this form to the Health Protection Service and indicate whether any further information will be submitted in relation to this incident report.