

Date: _____ Building: _____

Time: _____ Room: _____

Person(s) involved: _____

Approved Supervisor: _____

Surveyed By: _____

Radionuclide Spilled: _____

Original Dose (mCi): _____

Estimated Activity Spilled (mCi): _____

Describe the Incident:

Describe the Decontamination Process:

Instrumentation Information					
Make	Model	Serial #	Cal. Due Date	Background	Efficiency

Diagram of Contaminated Area:

	Location Description	Initial Readings			Post Decon Readings		
		Direct Frisk		Smear Wipe	Direct Frisk		Smear Wipe
		cpm	dpm	dpm/100cm ²	cpm	dpm	dpm/100cm ²
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Notification made to Radiation Safety: Yes No

Method of Notification: _____ Date: _____ Time: _____

Radiation Safety Staff Contacted: _____ Date: _____ Time: _____

Name of Person Completing Report: _____ Date: _____ Time: _____

Radiation Safety Use	
Received by: _____	Reviewed by: _____
Make: _____ Model: _____	Serial #: _____
Background: _____	Final Reading: _____
Comments: _____	
RSS Staff Signature: _____	