

Date: _____ Building: _____

Time: _____ Room: _____

Person Contaminated: _____

Approved Supervisor: _____

Surveyed By: _____

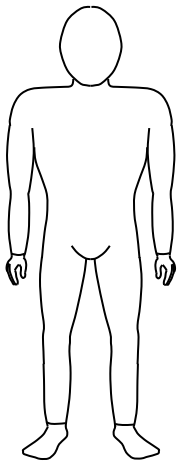
Radionuclide Spilled: _____

Original Dose (mCi): _____

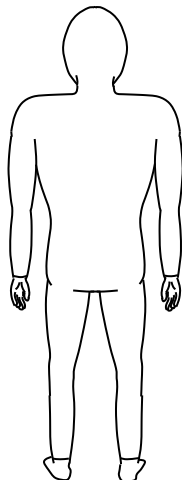
Estimated Activity Spilled (mCi): _____

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

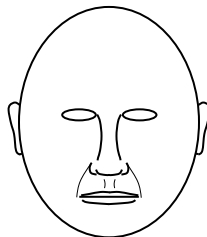
Location of Contamination	Initial Reading	Time		Post Decon Reading	Time



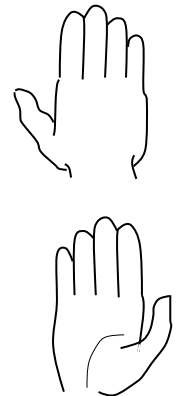
Front



Back



Left



Right

Describe the Incident:

Describe the Decontamination Process:

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: _____