**Incident Report for Radiation Safety**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Investigator: | | |  | | | | | | |  | | Investigation Date: | | | |  | | |
|  | |  | | | | |  | | | | | Date of Incident: | | | |  | | |
|  | |  | | | | |  | | | |  | | | | | |  | |
| Type of Incident (circle): | | | | Spill | | Loss of Material | | | High Exposure | | | | | | Transportation | | |
|  | | | | | Other (explain): | | |  | | |  | | | | | |  | |
|  | | | | |  | | |  | | |  | | | | | |  | |
| Reported by: |  | | | | | | | | | | | | Phone: |  | | | | |

A. Method of discovery and immediate actions taken:

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|  |  |  | | Continuous Sheet | |  |

B. Description of incident (include who, what, where, when, and how):

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|  |  |  | Continuous Sheet | |  |

C. Investigation of Incident (verify who, what, where, and how; and explain why):

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|  |  |  | Continuous Sheet | |  |

D. Actions Taken to Prevent Recurrence:

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|  |  |  | Continuous Sheet | |  |

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| Investigator | |  | | Radiation Safety Officer |

**Radiation Incident Report Continuation Sheet**

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| Investigator |  | | Radiation Safety Officer | |