**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 |