



Dalhousie University

RADIATION INCIDENT REPORT

To: Radiation Safety Office

From: _____
Principal Investigator

Signature

Date: _____

Location Of Incident: _____	
Building	Room #
Nuclear Substance(s) Involved: _____	Estimated Activity: _____
Date/Time Of Incident: _____ / _____	
Date	Time
Name Of Person Making Report: _____	
Instrument Used To Check For Contamination: _____	

1. Give a brief description of the incident:

2. Name of individual(s) present:

3. Injuries sustained : _____ (yes) _____ (no)

4. Personnel contamination: _____ (yes) (describe) _____ (no)

5. Action Taken: (see attached report)

6. Statement Of The Cause(s):

7. Any Remedial Action Taken:

8. Additional Comments:

RADIOACTIVE SPILL CONTAMINATION/CLEAN UP SURVEY

Decontamination completed at ____ : ____ on ____ - ____ - ____

Location	Pre-Clean cpm/dpm	Post clean cpm/dpm	Activity Present

Name: _____