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| Notification to the Director for Radiation Safety | June 2024 |

# Ionising Radiation Incident Report Form for incidents involving patient exposures

## Establishment and source licence holder details

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| Department/facility involved:  |       |
| Address of department/facility: |       |
| Name and designation of person completing form: |       |
| phone: |       | e-mail: |       |
| Source licence holder name: |       | Source licence no: |       |

## Details of radiation exposure(s)

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| --- | --- |
| Date(s) of exposure(s) (include an estimate of the patient dose(s)): |       |
| The procedure was: |[ ]  diagnostic |[ ]  therapeutic |[ ]  other |
| If therapeutic:  |[ ]  actual patient exposure |[ ]  near-miss |
| If diagnostic: |  |  |  |  |
| involving: |[ ]  pregnant patient |[ ]  skin injury |[ ]  wrong patient |[ ]  other |
| and |[ ]  nuclear medicine |[ ]  CT |[ ]  fluoroscopy |
|  |[ ]  plain Film |[ ]  other |  |  |
| and |[ ]  radiopharmaceutical administered |[ ]  contrast-agent administered |
| Description: |       |
| Actions taken immediately: |       |

## Incident assessment and review

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| Expected consequences for each patient (include patient doses): |       |
| Main cause: |[ ]  equipment failure |[ ]  inadequate procedures |
|[ ]  human error |[ ]  training related |[ ]  process related |
|[ ]  clerical error |[ ]  refer error |[ ]  other |
|[ ]  Other (please specify) |       |
| What steps have been taken to prevent a recurrence? |       |
| Is an internal investigation taking place? (a copy of any report should be forwarded to ORS)  |[ ]  Yes |[ ]  No |[ ]  Undecided |
| Name and signature of person completing form: |       |
| Date form completed: |       |

## Please return to:

Office of Radiation Safety email: orsenquiries@health.govt.nz

HP 9074
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