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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

|  |  |  |  |
| --- | --- | --- | --- |
| 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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:orsenquiries@health.govt.nz)

HP 9074  
June 2024