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

# Ionising Radiation Incident Report Form for all incidents except for those involving patient exposures

## Source owner/employer and source licence holder details

|  |  |
| --- | --- |
| Owner’s/employer’s name: |       |
| Owner’s/employer’s address: |       |
| Name and designation of person completing form: |       |
| phone: |       | e-mail: |       |
| Source licence holder name: |       | Source licence no: |       |

## Details of incident (if necessary use the rear of the report form)

|  |  |
| --- | --- |
| Date and time of incident: |       |
| Did anyone receive an increased radiation dose because of this incident (include an estimate of the radiation dose)?  |       |
| Details of radiation sources involved (eg, irradiating apparatus, radioactive source): |       |
| Are any sources not under control? |       | If yes, are any sources lost or stolen? |       |
| Are any sources damaged? |       |
| Physical location of incident (if different from above): |       |
| Description: |       |
| Actions taken immediately: |       |

## Incident assessment (if necessary use the rear of the report form)

|  |  |  |
| --- | --- | --- |
| Main cause: |[ ]  equipment failure |[ ]  human error |
|[ ]  training related |[ ]  inadequate procedures |[ ]  process related |
|[ ]  other (specify) |       |
| Could the incident have been more serious? |       |
| Assessment of radiation doses to persons involved (include calculations): |       |
| 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)  |       |
| Name and signature of person completing form: |       |
| Date form completed: |       |

## Please return to:

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

HP 9074
June 2024