

**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:

Name(s) and designation(s) of persons involved:

Did anyone receive an increased radiation dose because of this incident?

Details of radiation sources involved (eg, x-ray machine, 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: _____