MINISTRY OF HEALTH
MANATŪ HAUORA

Office of Radiation Safety
ORS

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):

Hospital number for each patient involved:

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? yes ☐ no ☐ undecided ☐
(*a copy of any report should be forwarded to ORS*)

Signature of person completing form: ____________________

PLEASE RETURN TO: Office of Radiation Safety Email: orsenquiries@moh.govt.nz