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