



## IONISING RADIATION INCIDENT REPORT FORM FOR ALL INCIDENTS EXCEPT FOR THOSE INVOLVING PATIENT EXPOSURES

### SOURCE OWNER/EMPLOYER AND LICENSEE DETAILS

Owner's/employer's name:		
Owner's/employer's address:		
Name and designation of person completing form:		
phone:	fax:	e-mail:
licensee's name:	licence no:	

### DETAILS OF INCIDENT *(if necessary use the rear of the report form)*

Date of incident:
Name(s) and designation(s) of persons involved:
Did anyone receive an increased radiation dose because of this incident?    no <input type="checkbox"/> yes <input type="checkbox"/> don't know <input type="checkbox"/>
Details of radiation sources involved (eg, x-ray machine, radioactive source):
Are any sources not under control? <input type="checkbox"/> If yes, are any sources    lost <input type="checkbox"/> stolen <input type="checkbox"/>
Are any sources damaged? <input type="checkbox"/>
Physical location of incident <i>(if different from above)</i> :
Description:
Actions taken immediately:

### INCIDENT ASSESSMENT *(if necessary use the rear of the report form)*

Main cause:	equipment failure <input type="checkbox"/>	human error <input type="checkbox"/>	training related <input type="checkbox"/>
	inadequate procedures <input type="checkbox"/>	process related <input type="checkbox"/>	other (specify) <input type="checkbox"/>
Could the incident have been more serious?	no <input type="checkbox"/>	not much more <input type="checkbox"/>	much more <input type="checkbox"/> very much more <input type="checkbox"/>
Assessment of radiation doses to persons involved <i>(include calculations)</i> :			
What steps have been taken to prevent a recurrence?			
Is an internal investigation taking place?	yes <input type="checkbox"/>	no <input type="checkbox"/>	undecided <input type="checkbox"/>
<i>(a copy of any report should be forwarded to NRL)</i>			
Name and signature of person completing form: _____			

**PLEASE RETURN TO:** National Radiation Laboratory  
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