



## IONISING RADIATION INCIDENT REPORT FORM FOR INCIDENTS INVOLVING PATIENT EXPOSURES

### ESTABLISHMENT AND LICENSEE DETAILS

Department/facility involved:		
Address of department/facility:		
Name and designation of person completing form:		
phone:	fax:	e-mail:
licensee's name:		licence no:

### DETAILS OF RADIATION EXPOSURE(S)

Date(s) of exposure(s):					
Hospital number for each patient involved:					
The procedure was:	diagnostic <input type="checkbox"/>	therapeutic <input type="checkbox"/>	other <input type="checkbox"/>		
If therapeutic:	actual patient exposure <input type="checkbox"/>	near-miss <input type="checkbox"/>			
If diagnostic:	pregnant patient <input type="checkbox"/>	skin injury <input type="checkbox"/>	wrong patient <input type="checkbox"/>	other <input type="checkbox"/>	
and	nuclear medicine <input type="checkbox"/>	CT <input type="checkbox"/>	fluoroscopy <input type="checkbox"/>	plain Film <input type="checkbox"/>	other <input type="checkbox"/>
and	radiopharmaceutical administered <input type="checkbox"/>	contrast-agent administered <input type="checkbox"/>			
Description:					
Actions taken immediately:					

### INCIDENT ASSESSMENT AND REVIEW

Expected consequences for each patient (include patient doses):			
Main cause:			
equipment failure <input type="checkbox"/>	inadequate procedures <input type="checkbox"/>	human error <input type="checkbox"/>	training related <input type="checkbox"/>
process related <input type="checkbox"/>	clerical error <input type="checkbox"/>	refer error <input type="checkbox"/>	other <input type="checkbox"/>
Other (please specify):			
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>			
Signature of person completing form: _____			

**PLEASE RETURN TO:** National Radiation Laboratory  
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