

# Radioactive Spill Report

Spill Occurred at: \_\_\_:\_\_\_ on: \_\_\_-\_\_\_-\_\_\_ Location: \_\_\_\_\_

Spill Involved: (Circle One or Both)      FACILITY      PERSONNEL

Personnel Involved and/or Present:

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Contaminated: Y N    Bioassay: Y N NA

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Contaminated: Y N    Bioassay: Y N NA

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Contaminated: Y N    Bioassay: Y N NA

Radionuclide present or suspected:

\_\_\_\_\_ mCi of \_\_\_\_\_ Chem & Physical Form: \_\_\_\_\_

\_\_\_\_\_ mCi of \_\_\_\_\_ Chem & Physical Form: \_\_\_\_\_

Briefly Describe the Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decontamination Action:

Item: \_\_\_\_\_ was decontaminated with: \_\_\_\_\_

Item: \_\_\_\_\_ was decontaminated with: \_\_\_\_\_

Follow-up: (Action, Restrictions, Additional Monitoring or Care Provided etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recurrence to be prevented by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This "Radioactive Spill Report" plus "Radioactive Contamination Survey" must be copied and forwarded to the Radiation Safety Officer for review and signature. **SEE PAGE 2 FOR CONTAMINATION SURVEY.**

# Radioactive Spill Report

## CONTAMINATION SURVEY

Instrument Used For Survey: GM Ion Chamber Model #: \_\_\_\_\_ Probe Type: \_\_\_\_\_

Wipe Test: LSC Nal (TI) Well Other: \_\_\_\_\_

DIAGRAM OF FACILITY AREA AND/OR ANATOMICAL AREA CONTAMINATED:  
 (Please numerically key survey locations)

| Area | Initial        |                                | Post Decontamination |                                | Final          |                                | Final release date |
|------|----------------|--------------------------------|----------------------|--------------------------------|----------------|--------------------------------|--------------------|
|      | Survey (mR/hr) | Wipe (dpm/100cm <sup>2</sup> ) | Survey (mR/hr)       | Wipe (dpm/100cm <sup>2</sup> ) | Survey (mR/hr) | Wipe (dpm/100cm <sup>2</sup> ) |                    |
|      |                |                                |                      |                                |                |                                |                    |
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|      |                |                                |                      |                                |                |                                |                    |

\_\_\_\_\_  
**Technologist Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Radiation Safety Officer Signature**

\_\_\_\_\_  
**Date**