Radioactive Material Incident Report

| Date of Report |
|--------------------------------------|
| |
| Date of Incident |
| |
| |
| Location of Incident |
| Location of incident |
| |
| |
| Reported By |
| |
| Contact Information |
| |
| |
| Type of Radioactive Material |
| |
| |
| Activity Level (Bq/Ci/Other) |
| |
| |
| Description of Incident |
| Description of modern |
| |
| |
| Immediate Actions Taken |
| Infinediate Actions Taken |
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| |
| Personnel Involved |
| |
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| |
| Exposure Information |
| |
| |
| Follow up Actions / Passammendations |
| Follow-up Actions / Recommendations |
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| |

Additional Notes