







ABCD-21-06-90033

I. Incident Report Form

SITE – Type of incident – YYYY/MM/DD

INCIDENT INFORMATION (Fill in what is applicable)				
Hospital: Room/loca		Date/Time of Incident:			
sotope: Approximate Activity (MBq): _					
Name(s) of Responder(s):					
INCIDENT TYPE (Select what is applicable)					
☐ Personnel Contamination (SKCO) – please cont	inue report	: - page 2.			
Name of Contaminated Person(s)	NEW	Non- NEW Contaminated body parts and estimated skin doses (mSv)			
☐ Radioactive Spill (SPILL) - please continue report - page 3.		☐ Minor ☐ Major			
☐ Package (PKG)		☐ Lost ☐ Damaged ☐ Mis-delivered			
☐ Lost or Stolen Radioactive Material (LOST)		□ Lost □ Stolen			
Consider the control of the control		☐ Administrative ☐ Action			
☐ Excceded Exposure Levels (OTHER)		☐ Whole Body ☐ Extremity ☐ Fetal			
☐ Sure Call Repsonse (OTHER)					
		☐ I-131 or I-125 ☐ I-123			
☐ Abnormal Thyroid Screening (OTHER)		☐ Missed ☐ High Result: kBq			
☐ Failed Leak Test (OTHER)		Result: Bq			
☐ Other:					
INCIDENT DETAILS (Provide a summary of the incident	ent and any	ı additional	information not recorded in previous forms)		

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II. Personnel Decontamination Record

PERSONNEL CONTAMINATION MONITORING (Use a separate copy for each contaminated person)						
Name of contaminated p	me of contaminated person: (Make/M					
Whole Body Survey – indicate where the contamination is found.						
R One't forget to take as	nd record a measurement bef	R L	R L	R		
_	stop when measurements are	_		reduce the counts.		
Contaminated Body Part	Date	Time	Background □ cps □ cpm	Contamination Measurement □ cps □ cpm		
	s still present, cover area with easurements are below twice		ngs to promote sweating. Re	-wash and re-monitor. Plan		
	ents into Dose Calculator (Exc					
RESPONDING PERSO	ONNEL and AREA CON	TAMINATION MONIT	FORING			
Are any of the responders contaminated? \square No \square Yes, restart SOP: Personnel Decontamination						
Are any of the areas used for decontamination contaminated? \Box No \Box Yes, follow SOP: Radioactive Spill Clean-up						
Were any personal belongings contaminated? \square No \square Yes						
If yes, were the personal belongings labelled and stored until below public limits? No Yes						
Was the waste generated from the decontamination stored as per site procedure? \Box No \Box Yes						

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III. Radioactive Spill and Area Contamination Record

SPILL AREA MONITORING for Location:			(Use a separate copy for each additional location)			
1. Contamination Monitor:(Make/Model) Monitor Trigger Limit: © cps © cpm © Bq/cm² (refer to instrument's QC report)						
Clean-up spil	l until readings ar	e below trigger limit or repeat	ted cleanings no longer reduc	ce the counts.		
		Details (ex. after cleaning, a	pplied lead, area closed,		mination Monitoring	
Date Time		left to decay)	FF,	Bkg	Readings	
				□cps □cpm □I	Bq/cm ² □ cps □ cpm □ Bq/cm ²	
O 16 11						
		mits and repeated cleanings r		take wipe test and		
2. Wipe Counter	(if applicable):	(Make/Model)	Wipe Trigger Limit:		Cpm (refer to instrument's QC report)	
Date	Time	Details (ex. applied lead, ne	xt day)	Wipe Test		
				Bkg	Reading	
i If wipe test is	s above the trigge	r limit, clean again and re-wip	oe.		·	
Tape down t	ripad(s) to cover s	pill area and mark with radio	active sign.			
3. Survey Meter ((if applicable):	(Make/Model) Sur	vey Meter Limit: <u>2</u>	.5μSv/h at 0.5 m from the spill	
				Survey measurements		
Date	Time Details (ex. applied lead, next day)		•	from the spill area)		
				Bkg (μSv/h)	Area survey (μSv/h)	
i Close area su	urrounding spill ar	nd restrict access to only NM t	echs (Use caution tape and F	Radioactive Spill Wo	arning Sign)	
4. Re-assess area	until <u>both</u> contar	mination and survey measure	ements are <u>below the limits.</u>	Once below, release	se area to public use.	
		Contamination Monitoring		Survey measurements		
Date	Time	Bkg Readings		·	from the spill area)	
		□ cps □ cpm □ Bq/cm²	□ cps □ cpm □ Bq/cm²	Bkg (μSv/h)	Area survey (μSv/h)	
RESPONDING	PERSONNEL	and AREA CONTAMII	NATION MONITORING	L G		
RESPONDING PERSONNEL and AREA CONTAMINATION MONITORING						
Are any of the responders contaminated? \square No \square Yes, start SOP: Personnel Decontamination Are any of the areas outside of the main spill area contaminated? \square No \square Yes, restart SOP: Radioactive Spill Clean-up						
·		the decontamination store		□ No □Yes	ouctive Spill Ciculi-up	
Tras the waste (50.10.14.04 11.0111	accontantification store	.a as per site procedure:			

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IV. Incident Report Form

(print name)

Site RSO ACTIONS TAKEN			
For any radioiodine personnel contamination, an I-131 spill of any amount, or an I-123 spill of more than 200 MBq			
\square Instruct worker to perform thyroid monitoring (CNSC reportable if dose greater than 1 kBq)			
For a NEW skin dose:			
\Box If the skin dose is more than 25 mSv then instruct worker(s) to call the Provincial Workplace Health Call Centre (PWHCC) 1-866-922-9464 to complete an employee incident report .			
\Box If the skin dose is more than 50 mSv then report the incident to Regional RSO immediately (CNSC reportable).			
For a non-NEW skin dose:			
☐ If the skin dose is more than 5 mSv then instruct worker(s) to call the Provincial Workplace Health Call Centre (PWHCC) 1-866-922-9464 to complete an employee incident report .			
\Box If the skin dose is more than 5 mSv then report the incident to Regional RSO immediately (CNSC reportable).			
For a major spill:			
\square Report the incident to Regional RSO immediately (CNSC reportable).			
INCIDENT INVESTIGATION (Contact Regional RSOs if you require assistance with investigation. Attach additional pages if necessary)			
Findings: (what directly led to the incident occuring)			
Root Causes: (reasons that led to the incident/findings)			
Corrective Actions: (immediate actions to prevent in future)			
Lessons Learned: (big picture lesson for whole dept. or NM community)			
iite RSO Date:			

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Effective date: 24/OCT/2022 LMMI NM Radiation Safety Page 4 of 5