

I. Incident Report Form
SITE – Type of incident – YYYY/MM/DD
INCIDENT INFORMATION *(Fill in what is applicable)*

 Hospital: _____ Room/location: _____ Date/Time of Incident: _____
 Isotope: _____ Approximate Activity (MBq): _____
 Name(s) of Responder(s): _____

INCIDENT TYPE *(Select what is applicable)*
☐ Personnel Contamination (SKCO) – please continue report - page 2.

Name of Contaminated Person(s)	NEW	Non-NEW	Contaminated body parts and estimated skin doses (mSv)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

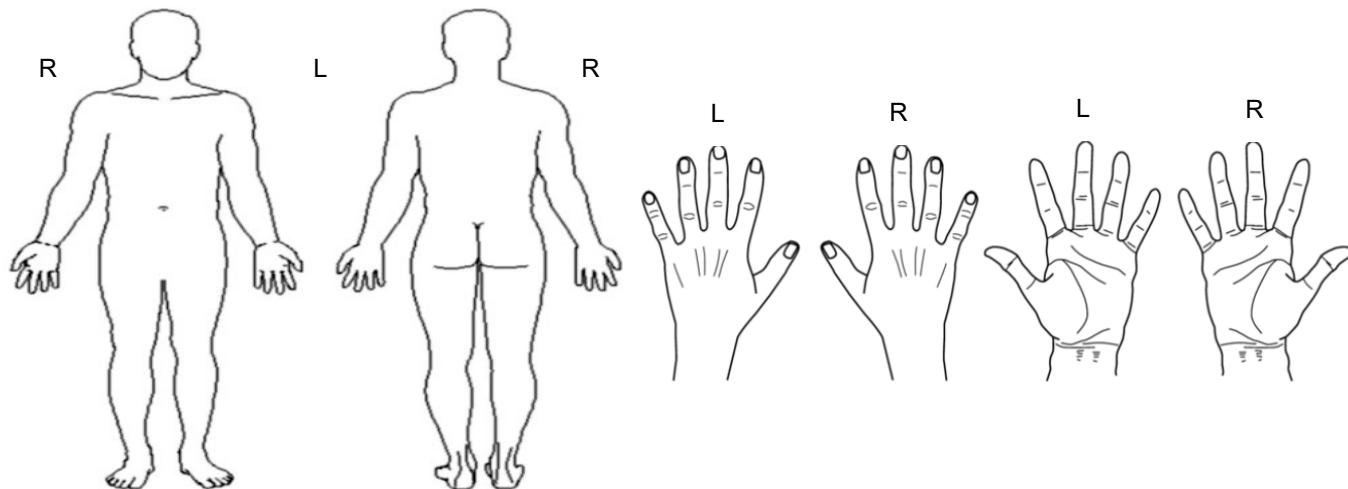
☐ Radioactive Spill (SPILL) - please continue report - page 3.
 ☐ Minor ☐ Major
☐ Package (PKG) ☐ Lost ☐ Damaged ☐ Mis-delivered
☐ Lost or Stolen Radioactive Material (LOST) ☐ Lost ☐ Stolen
☐ Exceeded Exposure Levels (OTHER) ☐ Administrative ☐ Action
☐ Whole Body ☐ Extremity ☐ Fetal
☐ Sure Call Repsonse (OTHER)
☐ Abnormal Thyroid Screening (OTHER) ☐ I-131 or I-125 ☐ I-123
☐ Missed ☐ High Result: _____ kBq
☐ Failed Leak Test (OTHER) Result: _____ Bq
☐ Other: _____

INCIDENT DETAILS *(Provide a summary of the incident and any additional information not recorded in previous forms)*

II. Personnel Decontamination Record

PERSONNEL CONTAMINATION MONITORING (Use a separate copy for each contaminated person)

Name of contaminated person: _____ Contamination Monitor: _____ (Make/Model)

Whole Body Survey – indicate where the contamination is found.


ⓘ Don't forget to take and record a measurement before washing. Record all results below.

ⓘ Decontamination can stop when measurements are below twice background or repeated washings no longer reduce the counts.

Contaminated Body Part	Date	Time	Background <input type="checkbox"/> cps <input type="checkbox"/> cpm	Contamination Measurement <input type="checkbox"/> cps <input type="checkbox"/> cpm

ⓘ If skin contamination is still present, cover area with gloves or waterproof dressings to promote sweating. Re-wash and re-monitor. Plan to re-monitor until measurements are below twice background.

ⓘ Input these measurements into Dose Calculator (Excel Spreadsheet) for skin dose estimation.

RESPONDING PERSONNEL and AREA CONTAMINATION MONITORING

 Are any of the responders contaminated? ☐ No ☐ Yes, restart SOP: Personnel Decontamination

 Are any of the areas used for decontamination contaminated? ☐ No ☐ Yes, follow SOP: Radioactive Spill Clean-up

 Were any personal belongings contaminated? ☐ No ☐ 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? ☐ No ☐ Yes

IV. Incident Report Form

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

- ☐ Instruct worker to perform thyroid monitoring **(CNSC reportable if dose greater than 1 kBq)**

For a NEW skin dose:

- ☐ 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 .
- ☐ **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 .
- ☐ **If the skin dose is more than 5 mSv then report the incident to Regional RSO immediately (CNSC reportable).**

For a major spill:

- ☐ **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 occurring)

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)

Site RSO _____
 (print name)

Date: _____