



## OFFICE OF

## LABORATORY & FIELD SAFETY

CENTRAL MICHIGAN  
UNIVERSITY

## Appendix B Forms

# Radiation Spill Report

The spill occurred at \_\_\_\_\_ AM/PM

Date of spill \_\_\_\_\_

Location of spill: Building \_\_\_\_\_ Room \_\_\_\_\_

Give a brief description of the accident referring to a detailed location drawing that you have drawn on the back of this page. Include the possible hot spots on this drawing.

Radionuclide present \_\_\_\_\_ Approximate activity \_\_\_\_\_  
Form \_\_\_\_\_

Instrument used to check for personnel contamination.

## Personnel present

Contaminated (yes/no). If yes, see page 2.

(Select One)

(Select One)

(Select One)

(Select One)

Instrument used to monitor the work area.

Instrument \_\_\_\_\_ Calibration date \_\_\_\_\_

Give a brief description of corrective action(s) to avoid a reoccurrence of this incident.

**NOTE: Complete and sign page 2.**

Issue Date: January, 2004

Last Revision Date: January 2026

Radiation Safety Appendix B 2023



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### **Forms**

## Contaminated Personnel

**Name of Individual:** \_\_\_\_\_

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**Sketch of Body Part(s) with Areas of Contamination Numbered:**

## Reporting Individual Signature

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## Time and Date

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**Authorized User Signature**

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Date

**Forward this form to Jennifer Walton, Radiation Safety Officer (RSO), Foust 108.**

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