



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.

Instrument _____ Calibration date _____

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



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Contaminated Personnel

Name of Individual: _____

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

Area Number	Background (CPM)	Contaminated Measurement (CPM)	CPM After 1 st Washing	CPM After 2 nd Washing	CPM After 3 rd Washing

Reporting Individual Signature

Time and Date

Authorized User Signature

Date

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