

**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.

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.**



**Appendix B  
Forms**

Contaminated Personnel

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

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

<b>Area Number</b>	<b>Background (CPM)</b>	<b>Contaminated Measurement (CPM)</b>	<b>CPM After 1<sup>st</sup> Washing</b>	<b>CPM After 2<sup>nd</sup> Washing</b>	<b>CPM After 3<sup>rd</sup> Washing</b>

\_\_\_\_\_  
Reporting Individual Signature

\_\_\_\_\_  
Time and Date

\_\_\_\_\_  
Authorized User Signature

\_\_\_\_\_  
Date

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