

RADIOACTIVE SPILL REPORT

Spill Occurred at ____:____ am/pm on / / in Bldg _____
Room _____

Instrument used to check for personnel contamination:

Meter Model _____ Meter S/N _____

Probe Model _____ Probe S/N _____

Personnel Present

Contamination Results

_____	_____
_____	_____
_____	_____

On the back of this sheet, indicate any personnel decontamination measures, additional monitoring, or care instituted.

Survey the spill area to identify hot spots, then begin decontamination. When finished, conduct a post cleaning contamination wipe-test.

Radioisotopes present or suspected in the spill:

_____ uCi of _____ as _____

_____ uCi of _____ as _____

_____ uCi of _____ as _____

Give a brief description of the accident: _____

Describe any follow-up actions taken to prevent a recurrence:

NAME _____

DATE _____