Texas Tech University Health Sciences Center
Radioactive Material Incident Report

THIS FORM MUST BE FILED IMMEDIATELY WITH THE RADIATION SAFETY OFFICER

Sublicensee: ___________________________ Date of Incident: _________________________

Department: ___________________________ Date Report Completed: ___________________

Location of Incident: ____________________

Describe the incident (i.e. inadvertent exposure of personnel, spill, contamination): ____________________

______________________________________________________________________________________

______________________________________________________________________________________

How did the incident occur? __________________________

______________________________________________________________________________________

What isotopes and activities (mCi) were involved? __________________________

______________________________________________________________________________________

List all personnel involved in the incident: __________________________

______________________________________________________________________________________

Describe corrective action taken, including decontamination procedures and the results of any radioactive contamination surveys (attach additional pages, if necessary):

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Sublicensee Signature ___________________________ Date ___________________________

Department Chair Signature ___________________________ Date ___________________________

Radiation Safety Officer Signature ___________________________ Date ___________________________

Texas State Government Privacy Policies (Government Code):
1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.