



# 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.