**Radioactive Material Spill / Accident Report**

**Date of event:** **Time:** **Location:**

**Instrument(s) used for checking contamination of personnel and area:**

**Meter Model: Meter Serial #: Probe Model: Probe Serial #:**

**Personnel present and contamination results**

|  |  |  |
| --- | --- | --- |
| **Name** | **Survey results** | **Notes (decon, monitoring, care, etc)\*** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

\* Attach additional page(s) as necessary

**Radioisotopes present, in use, involved in event:**

|  |  |  |
| --- | --- | --- |
| **Amount / Activity** | **Isotope** | **Additional description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Description of event:**

**Follow-up actions / discussion (add pages as needed):**

**Name:** **Date:**