

**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 \_\_\_\_\_