Radiological Spill Report Log Sheet

Keep this form for your records

The spill occurred at _____ on _____ in room _____ of _____.
time date # building

Instrument used to check for contamination:

Meter model:_____ Meter serial number:_____

AND/OR

LSC Model:_____ LSC serial number:_____

Personnel Present:	Personnel Contamination Results:*
_____	_____
_____	_____
_____	_____
_____	_____

*On the back of this sheet, indicate any personnel decontamination, 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. (See page two.)

Radioisotopes present or suspected in the spill:

_____ mCi of _____ as _____

_____ mCi of _____ as _____

_____ mCi of _____ as _____

Give a brief description of the accident: _____

_____

_____

_____

Give a brief description of follow-up actions to prevent recurrence: _____

_____

_____

Name: _____

Date: _____