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: __________________________