

RADIATION INCIDENT INVESTIGATION FORM

Personal Details	
Name	
Staff or Student number	
Contact No	
Course of Study where applicable EMS Placement host and dates Numbers Mobile and Landline	
Were you working with radiation anywhere, apart from the Adelaide University, during the monitoring period? (if yes please provide the details)	
Work Details	
Is there a specific Job Safety Analysis or Safe Operating Procedure for the task being undertaken? (If yes attach SOP/JSA)	Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Has training been conducted (view records) for the task undertaken	
Incident Details	
What was the dose reading?	
What is the period of dosimeter reading?	
List the type of radiation you used during the period e.g. <ul style="list-style-type: none"> • unsealed radionuclides (i.e. ¹³¹I; ¹⁴C, ³²P)? • diagnostic X-ray • CT or a fluoroscope • mobile diagnostic X-ray • Sealed source (i.e. neutron probe) 	
Referring to the SOP or activity, can you think of any part of the process that you would have been exposed to radiation? (please record details)	

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Can you think of any reason or situation which would have exposed your badge to X-rays or radionuclides?	
Have you done any work where PPE was not provided and/or used? (provide details)	
What PPE was used? (e.g. lead gowns; lead gloves; thyroid covers; glasses)	
Do you know of any exposures that have imaged any part of your body (hands etc)?	
Have you been through an airport Scanner with your badge during the period?	
Where do you store your monitor? And where do you store the monitors control?	
Has the equipment been tested i.e. compliance tested , wipe tested or other testing? (attach a copy)	
Any other comments or notes	
Cessation of radiation work required pending investigation:	
Inform the person that if they continue to get doses they will be stopped from radiation work before they reach 20milliSv in a 12 month period.	