RADIATION INCIDENT INVESTIGATION

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 University of Adelaide, 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 ☐ Yes ☐ 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. • unsealed radionuclides (i.e, ^{131}I;^{14}C,^{32}P)? • 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)	
Can you think of any reason or situation which would have exposed your badge to X-rays or radionuclides?	

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INCIDENT DETAILS (continued)	
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 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 may be be stopped from radiation work before they reach 1 milliSv in a 12 month period.	

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CORRECTIVE ACTION TAKEN TO PREVENT A RECURRENCE

- How could the incident have been avoided?
- Is there an existing risk assessment (RA) for this activity? Yes / No
- Identify the hazards/issues/system deficiencies which resulted in the occurrence (e.g. faulty equipment, inappropriate storage, lack of training/skill, RA not completed, poor design, environmental conditions etc).
- Determine how a recurrence would be prevented.
- Determine appropriate recommendations to prevent a recurrence using the Hierarchy of Controls (there may be a combination of control measures, both short and long-term):
  1. Elimination (i.e. is there a permanent solution?);
  2. Substitution (e.g. is it possible to replace the hazard (e.g. chemical) with one that presents a lower risk?;
  3. Isolation (e.g. is it possible to place a barrier between the operator and the hazard to prevent exposure?);
  4. Engineering (e.g. is it possible to structurally change the environment or plant and equipment to make it safer?);
  5. Administration (e.g. does the safe operating procedure require review, is additional training required for operators, is signage required?);
  6. Personal Protective Equipment [PPE] (e.g. is there a requirement for gloves, helmets, goggles, safety shoes?).

Contributing factors (including HSW system deficiencies)	Corrective Actions taken (or recommended) to prevent a recurrence (Short term and long term as applicable)	Who by	Time/frame or date action complete
Record corrective action in the University incident recording system			
Attach a copy of this investigation in the University incident recording system	**Attach a copy of this investigation in the central records management system**		