REPORT # 111-11-55

INCIDENT

DATE 11/19/86

POSSIBLE INHALATION

TIME OF OCCUR. 11:00 PROCEDURE VIOLATION

RADIATION MONITORING DESCRIPTION OF FINDINGS:

ROOM 114 GLOVE BOX # line 3 OTHER

INSTRUMENT WORKING? yes SAAM # 777

OTHER GLOVE #

PERSONNEL INVOLVED

NAME ____________________________ NO. ____________________________

NAME ____________________________ NO. ____________________________

NAME ____________________________ NO. ____________________________

NAME ____________________________ NO. ____________________________

SKIN CONTAMINATION LEVELS

RESP. WORN? yes BODY COUNT?

RESP. BODY COUNT RESULTS

INVESTIGATION REQUIRED YES NO

THIS FORM TO BE FILLED OUT AND RETURNED WITHIN 24 HOURS TO RADIATION MONITORING SUPERVISOR

RESPONSIBLE SUPERVISOR'S FINDINGS

CORRECTIVE ACTION:

RESPONSIBLE SUPERVISOR SIGNATURE ____________________________ EMPLOYEE # ____________________________ DATE ____________________________

Total Man Hours ____________________________ Cost of Materials ____________________________

RF 46466 (12/84)
RADIATION MONITORING:

- Print neatly with black pen.
- Identify type of occurrence.
- Report # and distributions filled in by Radiation Monitoring Foreman.
- List personnel involved with the incident. (Name and employee number)
- Radiation Monitoring Foreman to call Body Counter for Body Count results, list as background or positive. (Do Not record actual counts)
- Check or fill in questions asked where applicable.
- (Facts Only) Describe levels, amounts, conditions briefly. (No Judgement Statements)
- Radiation Monitoring Foreman to send copies to Health Physics, Operational Safety Area Manager and Body Counter (if body count is required), when incident occurs.
- Use complete sentences.
- Correct spelling is a must.
- If a correction is necessary start a new report, Do Not cross thru and try to rewrite.
- In signature areas on this form, print your name, then sign.

SUPERVISOR'S FINDINGS: within 24 hours.

- Print neatly with black pen or type.
- Describe what happened and why.
- Describe corrective action taken.
- List total number of man hours lost.
- List cost of materials.
- Use complete sentences.
- In signature areas on this form, print your name, then sign.