REPORT # 77-12-02
BLDG MONO
DATE 12/02/86
TIME OF OCCUR. 2:45
INCIDENT POSSIBLE INHALATION
PROCEDURE VIOLATION
D.O.E."

RADIATION MONITORING DESCRIPTION OF FINDINGS:
ROOM 148 GLOVE BOX # 19 OTHER AIR GLOVE #
INSTRUMENT WORKING? YES SAAM # 756 SAAM C/M

PERSONNEL INVOLVED

NAME NO. NAME NO. NAME NO. NAME NO.

SKIN CONTAMINATION LEVELS
RESP. WORN? BODY COUNT? BODY COUNT RESULTS
SIDE OF MOUTH YES
500 CJM STOMACH

INVESTIGATION REQUIRED

RESPONSIBLE SUPERVISOR'S FINDINGS

CORRECTIVE ACTION

RESPONSIBLE SUPERVISOR SIGNATURE

EMPLOYEE # 513536 DATE 12/3/86

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.
Rockwell International
ROCKY FLATS PLANT
RADIATION MONITORING ACCIDENT REPORT

NAME ____________________________________________ DISTRIBUTION 77-1-02
EMPLOYEE # _______________________________________

BUILDING 221
DATE 12/10/86
TIME OF OCCURRENCE 2:14:5
SENT TO MEDICAL AT _______ HRS

FOR: WOUND COUNT _____ DECONTAMINATION _____ WOUND TREATMENT
DESCRIPTION OF WOUND:
PUNCTURE _____ LACERATION _____ BURN _____ ABRASION _____

CONTOAMINATION LEVELS: 5000 cpm Right Side of Mouth 500 cpm Stomach

INSTRUCTIONS ON BACK

RADIATION MONITORING FINDINGS:
LOCATION: Room No. 148 Glove Box No. 19420 Other ____________

DESCRIPTION OF FINDINGS: Condition and Cause
5000 cpm Right Side of Mouth 500 cpm on Stomach Decontaminated in Bldg 2 to 7350 cpm

MONITOR NAME(print) Signature Employee # RADIATION MONITOR SUPERVISOR Employee #

INVESTIGATION REQUIRED YES____ NO X____ BY:

THIS FORM TO BE FILLED OUT AND RETURNED WITHIN 24 HRS. TO RADIATION MONITORING SUPERVISION

RESPONSIBLE SUPERVISOR'S FINDINGS:

CORRECTIVE ACTION:

RESPONSIBLE SUPERVISOR __________/_________________ EMPLOYEE # __________ DATE __________

RF 46988 (12/84) Print Name Signature