

# ATTACHMENT 3.2-1 TO RMPP 3.2, REVISION 0: RADIOLOGICAL INCIDENT NOTIFICATION FORM

## Contact Information

Name: \_\_\_\_\_ Notification Date/Time: \_\_\_\_\_

Incident Reported By:

On-site Contact:

Name:	Name:
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Title/Organization:	Title/Organization:
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Phone Number:	Phone Number:
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## Location of Incident (Include Directions):

## Description of Incident:

## Radiation Assessment:

1. Why do you believe radioactive material is involved?

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2. Describe the radioactive material including packaging.

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3. Did you observe any writing or inscriptions on the materials?

\_\_\_\_\_

4. Are the shipping papers available?

\_\_\_\_\_

5. Are there any indications of a possible spread of contamination based on meter readings, broken source housing, leaking packaging, etc.

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6. Has the source or contaminated area been isolated or access to the area restricted?

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7. What other agencies or personnel are involved?

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