


## ATTACHMENT 3.1-1 to RMPP 3.1, Revision 0: Initial Contact Log

<b>VERMONT DEPARTMENT OF HEALTH</b> <b>Radioactive Materials Program</b>		
<b>INITIAL ALLEGATION CONTACT <del>PHONE</del> LOG</b>		
<b>INSTRUCTIONS:</b> This log is to be used to record the information gathered in an allegation against a licensee or registered user.		
Inform the individual of the conditions regarding confidentiality. <input type="checkbox"/> YES – the individual was notified, and all information deemed sensitive is indicated on the below report.		
<input type="checkbox"/> Individual has requested confidentiality. <input type="checkbox"/> Individual has declined confidentiality.		
<b>ALLEGOR INFORMATION:</b>		
Individual's full name:		Telephone number:
Position or relationship to the facility or activity involved:		Allegor's employer:
Home mailing address:		Facility / location:
What sort of activities or practices did this involve? What have they observed? Use back for additional information.		
<b>NATURE AND DETAILS OF THE ALLEGATION:</b>		
How long has this activity been occurring?	<del>Why do they believe this to be a safety concern?</del> <b>Description of the Concern?</b>	
Is this a current or past unsafe practice?		
How did the individual find out about the concern?		
Date(s) and times of occurrence:		
Are there other individuals who should be contacted for additional information? (list names, addresses, phone number if available)		
What records does the individual think should be reviewed?		
Has the individual raised the concerns with his/her management? <input type="checkbox"/> Yes    What action has been taken? <input type="checkbox"/> No    Why not?		

**Commented [SJ1]:** Not all allegations come from phone calls

**Commented [SJ2]:** As noted in the procedures, not all allegations involve safety concerns. See suggested revisions to broaden intake of concern.

**\*\*If this allegation was forwarded from another agency, indicate who the contact was that provided the notification:**

Agency:	Region/Office:	Name:	Telephone:

Refer this to the Radiation Control Program Director

**ADDITIONAL COMMENTS OR INFORMATION:**

DRAFT