

# 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?

2. Describe the radioactive material including packaging.

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.

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

7. What other agencies or personnel are involved?