



Department of Health and Safety

Radioisotope Spill Report Log

This report is to be completed by the Radioisotope User Permit Holder or Senior Laboratory Supervisor

LOCATION

The spill occurred at (time) _____ a.m. / p.m. on (date) _____
in room #/area _____ of building _____

CONTAMINATION MONITORING INSTRUMENTS

Contamination meter used to check for contamination:

Meter Make: _____ Meter Calibration Date: _____

Meter Model: _____ Meter Serial Number: _____

WIPE TEST RECORD OF SPILL AREA

Wipe Test #	Wipe Test 1 Bq/cm ²	Wipe Test 2 Bq/cm ²	Wipe Test 3 Bq/cm ²	Wipe Test 4 Bq/cm ²	Wipe Test 5 Bq/cm ²
Point A					
Point B					
Point C					
Point D					
Point E					

DESCRIPTION OF WIPE TEST POINTS (provide copy of wipe map)

Point A	
Point B	
Point C	
Point D	
Point E	



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Liquid Scintillation Counter (³H & ¹⁴C)

LSC Make: _____

LSC Model: _____

LSC serial number: _____

WORKERS INVOLVED IN SPILL

Name of Worker	Contamination Monitoring Results

ADDITIONAL DECONTAMINATION STEPS TAKEN

Document any additional decontamination, monitoring or care provided to exposed workers

- Hand/face/hair washed: YES/NO
- Shower: YES/NO
- Thyroid monitoring: YES/NO
- Tritium monitoring: YES/NO
- Contaminated street clothes bagged : YES/NO
- First aid: YES/NO
- Worker sent to hospital : YES/NO

Please provide additional information:



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SURVEY OF SPILL AREA

Field @ 1 cm (uSv/h): _____ Field @ 1 ft (uSv/h): _____

Field @ 1 meter (uSv/h): _____

RADIOISOTOPES IN SPILL

Radioisotope	Quantity in MBq

DISCRIPTION OF SPILL'S OCCURANCE

PROVIDE A COMPLETE DESCRIPTION OF WHAT OCCURRED TO CAUSE THE ACCIDENT



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PROVIDE A DESCRIPTION OF ACTION TO BE TAKEN TO PREVENT A REOCCURANCE OF THE INCIDENT

Signature of Permit Holder: _____

Date: _____

Signature of Department Head: _____

Date: _____

Signature of Radiation Safety Officer: _____

Date: _____

Copies to go to:

Permit Holder - to retain original for their records

Department Head

Radiation Safety Officer, Environmental Health & Safety