

EMERGENCY PROCEDURE REPORT

Initiator of Report: _____ Date of report: _____
Name of supervisor: _____ Time of notification: _____
Location of incident: _____

Oil Company: _____ Supervisor: _____
Lease & Well no.: _____

Cause of Emergency:

Type and quantity (mCi) of isotope believed to have been spilled:

Safety precaution immediately enacted:

Suspected overexposure (list name and company):
1. _____
2. _____
3. _____
4. _____

Personnel radiation survey for those working in the restricted area

Name	Head	Face	Body	Hand	Leg	feet
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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Describe the job site and the location of the spill:

Make a sketch of job site and mark the exact location of the spill in reference to a permanent point such as the well head. Record radiation levels before and after clean up.

Make a chart of radiation levels if the level of the spill is greater than 10 mR @ 1 foot.

one foot: _____ three feet: _____ six feet: _____

Check the air space for contamination: _____

Wipe tests after clean up emergency procedures (list items wiped and results in dpm):

List all items that will be handled as contaminated waste:

Suggestions to future prevention of this accident:

Review of report by Radiation Safety Officer -

Finding and conclusions:

Signature of RSO

Date