

PORTABLE NUCLEAR DENSITY GAUGE INCIDENT REPORT FORM

INSTRUCTIONS: Send original to Radiation Safety Officer (RSO) and a copy to the Statewide Density Unit.

PLEASE PRINT OR TYPE ALL RESPONSES

INDIVIDUALS INVOLVED IN THE INCIDENT			
AUTHORIZED GAUGE USER		EMPLOYMENT STATUS	
		PERMANENT	CO-OP
REGION	NAME OF PROJECT ENGINEER		OFFICE TELEPHONE NUMBER
WITNESS NAME 1		TELEPHONE NUMBER	
WITNESS NAME 2		TELEPHONE NUMBER	
LOCATION OF INCIDENT			
COUNTY AND IMMEDIATE VICINITY			
ROUTE NAME		WAS JOB SITE OPEN TO TRAFFIC?	
		YES	NO
INCIDENT SITE MAP (<i>Attach a detailed drawing showing</i>): <ul style="list-style-type: none"> Gauge location at time of incident Established incident perimeter Vehicle(s) location(s) Significant landmarks Label distances between appropriate objects 			
TIME FRAME OF INCIDENT			
DATE OF INCIDENT		TIME OF INCIDENT	
INCIDENT NOTIFICATION TIME FRAME			
WHO DID YOU FIRST NOTIFY REGARDING THE INCIDENT?		WHEN WAS THIS FIRST NOTIFICATION ATTEMPTED? (<i>Date & Time</i>)	
DETAILS OF NOTIFICATION EFFORTS AND INCIDENT RESPONSE (<i>Attach a detailed chronology, from the time of the incident to the time of the incident response</i>).			
EXPLANATION OF INCIDENT			