INITIAL DATA

RUA:

Place of Event: Date of Event:

Type of Event: Time of Event:

DETAILS OF EVENT

MONITORING

INDIVIDUAL(S) EXPOSED
POSSIBLE CAUSES

RESOLUTION AND RECOMMENDATIONS

Prepared by

Date

Radiation Safety Officer

Date

Director, Health Physics Programs

Date

Attachment
Distribution:
Principal Investigator
Radiation Safety Committee
HP Event File
HEALTH PHYSICS EVENT ATTACHMENT 1
HP Event: 20XX - XX
ACKNOWLEDGMENT SHEET

All staff sign below indicating they have read and understand this report and the corrective actions.

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Please return this signature sheet to the Davis Campus EH&S Office/ UCDHS Health Physics Office, by _____________ (date).