**Appendix H (Page 1 of 3)**

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| **RADIATION INCIDENT INVESTIGATION** |

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| --- | --- |
| **Personal Details** | . |
| Name |  |
| Staff or Student number |  |
| Contact No |  |
| Course of Study where applicable  EMS Placement host and dates  Numbers Mobile and Landline |  |
| Were you working with radiation anywhere,  apart from the University of Adelaide, during the monitoring period? (if yes please provide the  details) |  |

|  |  |
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| **Work Details** | |
| Is there a specific Job Safety Analysis or Safe Operating Procedure for the task being  undertaken? (If yes attach SOP/JSA) | Attached 🞏 Yes 🞏 No |
| Has training been conducted (view records) for the task undertaken |  |

|  |  |
| --- | --- |
| **Incident Details** | |
| What was the dose reading? |  |
| What is the period of dosimeter reading? |  |
| List the type of radiation you used during the period e.g.   * unsealed radionuclides (i.e, 131I;14C,32P)? * diagnostic X-ray * CT or a fluoroscope * mobile diagnostic X-ray * Sealed source (i.e. neutron probe) |  |
| Referring to the SOP or activity, can you think of any part of the process that you would have been exposed to radiation?  (please record details) |  |
| Can you think of any reason or situation which would have exposed your badge to X-rays or radionuclides? |  |

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| **RADIATION INCIDENT INVESTIGATION** |

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| **INCIDENT DETAILS (continued)** | |
| Have you done any work where PPE was not provided and/or used? (provide details) |  |
| What PPE was used? ( E.g. lead gowns; lead gloves; thyroid covers; glasses) |  |
| Do you know of any exposures that have imaged any part of your body (Hands etc)? |  |
| Have you been through an airport Scanner with your badge during the period? |  |
| Where do you store your monitor? And where do you store the control? |  |
| Has the equipment been tested i.e compliance tested, wipe tested or other testing? (Attach a copy) |  |
| Any other comments or notes |  |
| **Cessation of radiation work required pending investigation:** | |
| Inform the person that if they continue to get doses they may be be stopped from radiation work before they reach 1 milliSv in a 12 month period. |  |

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| **RADIATION INCIDENT INVESTIGATION** |

**CORRECTIVE ACTION TAKEN TO PREVENT A RECURRENCE**

* How could the incident have been avoided?
* Is there an existing risk assessment (RA) for this activity? Yes / No
* Identify the hazards/issues/system deficiencies which resulted in the occurrence (e.g. faulty equipment, inappropriate storage, lack of training/skill, RA not completed, poor design, environmental conditions etc).
* Determine how a recurrence would be prevented.
* Determine appropriate recommendations to prevent a recurrence using the Hierarchy of Controls (there may be a combination of control measures, both short and long-term):

1. Elimination (i.e. is there a permanent solution?);
2. Substitution (e.g. is it possible to replace the hazard (e.g. chemical) with one that presents a lower risk?;
3. Isolation (e.g. is it possible to place a barrier between the operator and the hazard to prevent exposure?);
4. Engineering (e.g. is it possible to structurally change the environment or plant and equipment to make it safer?);
5. Administration (e.g. does the safe operating procedure require review, is additional training required for operators, is signage required?);
6. Personal Protective Equipment [PPE] (e.g. is there a requirement for gloves, helmets, goggles, safety shoes?).

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| --- | --- | --- | --- | --- |
| **Contributing factors (including HSW system deficiencies)** | **Corrective Actions taken (or recommended) to prevent a recurrence**  **(Short term and long term as applicable)** | | **Who by** | **Time/frame or date action complete** |
|  |  | |  |  |
| **Record corrective action in the University incident recording system** | | | | |
| **Attach a copy of this investigation in the University incident recording system** | | **Attach a copy of this investigation in the central records management system** | | |