

HS005 - RADIATION ACCIDENT REPORT SUPPLEMENTARY INFORMATION FORM

This form can be down-loaded from the Health and Safety web site. It should be completed by the person involved in the accident with a radioactive source/substance or irradiating apparatus and forwarded to the Manager, UNSW Safety and Sustainability, HR, Level 1, The Chancellery, UNSW or email to safety@unsw.edu.au.

ISSUE NUMBER from myUNSW

1930E NOMBER HOM MYCHOW	
[PLEASE PRINT DETAILS BELOW]	
PART A DETAILS OF PERSONS INVOLVED (name and contact phone/email address)	
Person completing this report	
Other persons involved	
PART B DETAILS OF PR	OJECT AND RADIATION
Project Approval No. (Radiation Saf Committee, RECS)	ety
Project supervisor (name and contact phone/e-mail address)	
Title of the project	
Radiation source type (sealed or	
unsealed radioactive source/substa	
irradiating apparatus; name of isoto	pe)
Duration of exposure	
Distance working from source	
Amount of isotope and activity date	
Radioactivity level at time of exposu	ıre
PART C DETAILS OF AC	CIDENT
PART D ACTION TAKEN	TO MINIMISE EXPOSURE AND PREVENT CONTAMINATION (describe steps taken)
T	
Decontaminate yourself	
Decontaminate the work area	
Shield source adequately	
Increase working distance	
Restrict access to area	
Contact Security if evacuation requi	red
Shut ventilation down if radioactive	
gas/vapour may be spread by air co	
Describe medical assistance, if any	
aid or other treatment, iodine tablet,	etc)
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PART E REPORTING RE	QUIREMENTS (record date and time notification was given)
Notify project supervisor	
Notify local Safety Coordinator	
Notify Head of School or Centre Dire	
Notify Radiation Safety Officer, Safe	ety
and Sustainability.	

Date:

Signature: