Radiation Exposure Incident Record

FORM 43

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Event or Discovery Date And Time: _____ **Equipment or Location:** _____

Individuals Involved (retain Identifiers Securely; Follow Applicable External-Report Disclosure Rules):

Event Description or Radiation Levels or Estimated Doses With Quantities And Units or Calculation Reference:

Investigation Of Cause or Correction or Recurrence Prevention or Completion Schedule:

Agency And Individual Notifications or Report Dates or Method or Reference or Applicable Deadline:

Evaluate applicable reporting thresholds and deadlines promptly; document the governing rule and decision. Keep dose assessments and notification evidence. Patient events use forms 17/39; attach notification tracking where needed.

Radiation Exposure Incident Record

FORM 43

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Investigator or Date: _____ **RSO or Reviewer or Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____