**Radiation Control**

**RN900**

 Private Bag X62 Enquiries: Admin

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**INITIAL NOTIFICATION OF RADIATION OCCURRENCE
INVOLVING RADIOACTIVE SOURCES**

Section 1: Time and place

Name of Authority Holder (if known)

 **File no: Authority no: x x /x x x x**

 🞏 N/A

Name of RPO/ARPO: 🞏 N/A

RPO/ARPO contact details: 🞏 N/A

Date and time of the incident:

Location where event occurred:

🞏 Within Authority Holder’s facility 🞏 During normal operation in the field

🞏 Public area 🞏 Scrap metal industry

🞏 Other (describe):

Physical address:

Section 2: Identification of radionuclide

2.1 🞏 Sealed source 🞏 Unsealed source

 Isotope (e.g. Cs-137): Activity: Bq or Ci

Source serial no.: Container serial no.:

2.2 Application for which the source was used:

Medical: 🞏 Radiation oncology 🞏 Nuclear medicine 🞏 Other:

🞏 Industrial application:

🞏 Other:

Section 3: Details of overexposure 🗖 N/A

Number of persons involved:

Member(s) of staff: 🞏 N/A Average/estimated dose received: Gy

Member(s) of public: 🞏 N/A Average/estimated dose received: Gy

Patient(s): 🞏 N/A Average/estimated dose received: Gy

Prescribed dose Gy Deviation: Gy % Deviation: %

*In the case of patients, report deviation (over- or underexposure).* Wherethe deviation of the delivered dose from the total prescribed treatment doseis clinically significant, *it* *must be reported, even if subsequently corrected.*

Section 4: Root cause of incident/accident

**4.1 Human error** 🞏 N/A

🞏 Systematic error 🞏 Communication error

🞏 Calculation error 🞏 Commissioning error

🞏 Negligence 🞏 Procedure not followed
🞏 Procedural error

🞏 Other (specify):

Only applicable to incidents/accidents involving patients (medical authority holders):

🞏 Incorrect prescription 🞏 Incorrect treatment area

🞏 Incorrect administration route 🞏 Incorrect patient identification

🞏 Pregnant patient: unintended radiation exposure

🞏 Pregnant radiation worker: unintended radiation exposure

🞏 Other (specify):

**4.2 Contamination** 🞏 N/A

🞏 Within facility: 🞏 Limited area 🞏 Large area

🞏 Beyond facility borders 🞏 Public area

🞏 Waste disposal facility 🞏 Package

🞏 Measuring or imaging equipment

🞏 Persons: 🞏 staff 🞏 public 🞏 patient(s)

🞏 Other (specify):

**4.3 Equipment failure** 🞏 N/A

🞏 Broken or damaged 🞏 Malfunction

🞏 Operator error 🞏 Software error

* Other (specify):

**4.4 Transport accident** 🞏 N/A

🞏 Vehicle accident 🞏 Package contaminated / high radiation levels

🞏 Damaged package 🞏 No/ incorrect labelling

🞏 Misrouting (shipment errors, domestic &/or international)

🞏 Other (specify):

**4.5** 🞏 **Near miss** 🞏 **Lesson(s) learned** (Describe under Section 7)

**4.6 Other** 🞏 N/A

 🞏 Unintended release or discharge of radioactive material into atmosphere

🞏 Unintended intake of radioactive material by ingestion, inhalation or contaminated wound

🞏 Emergencyexposure situation or other emergency

🞏 Loss of control over radioactive source

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

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**4.7 Notification by medical practitioner** (See Guideline 3.12 and RegulationsR247 (February 1993) Regulation 19.)

 🞏 Person required medical treatment 🞏 Discontinued work/changed conditions

Section 5: Illicit trafficking

**5.1 Unauthorised possession and related criminal activities** 🞏 N/A

🞏 Unauthorised possession 🞏 Attempted sale

🞏 Unauthorised movement 🞏 Unauthorised transaction

**5.2 Theft or loss** 🞏 N/A

 🞏 Stolen 🞏 Missing

🞏 Lost (e.g. down a well) 🞏 Discovery of a source

**5.3 Other unauthorised activities** 🞏 N/A

 🞏 Unauthorised disposal 🞏 Unauthorised storage

🞏 Unauthorised shipment

Section 6: Reporting the incident

**6.1 The incident was reported to:**

🞏 RPO/ARPO 🞏 Authority Holder 🞏 Supervisor

🞏 Management 🞏 Local police station. If so, please provide:

 Name of police station: Case No:

**6.2 Details of person who first discovered incident**

Name:

Cellphone: 🕿:

Fax: Email:

Physical address:

Section 7: Description of event

Provide a brief description of what happened.
You may extend this space or attach the description as an addendum.
A full investigation report is required within seven days after the event.

Signature:

Name (print): 🕿:

Place: Date: