

RPR 46A. EXTERNAL EXPOSURE (ALARA) INVESTIGATION REPORT

Name: _____ Soc. Sec. No.: _____ UNID: _____

Work Location: _____ Phone: _____

Responsible User: _____ Department: _____

REASON FOR INVESTIGATION: Dosimeter reading for the period: _____

Badge #: _____ Series: _____ Collar Badge _____ Body/Belly Badge _____ Finger (Ring) _____

Reported dose - Shallow: _____ mrem _____ mrem _____ mrem

Reported dose - Deep: C: _____ mrem B: _____ mrem

Effective dose (if leaded apron was worn) = 0.04C + 1.5B = _____ mrem

Report received by: _____ Date: _____ Time: _____

Additional information dated _____ attached on reverse side

RESULTS OF INVESTIGATION: (see Questionnaire on back of this form)

Employee interviewed by: _____ Date: _____

Employee statement attached? Yes No Date: _____

Invalid dosimeter reading(s) verified by: _____ Date: _____

Additional information dated _____ attached on reverse side

RECOMMENDATIONS TO PREVENT RECURRENCE: _____

Additional information dated _____ attached on reverse side

NOTIFY UDRC (and NRC if Reactor involved); check category:

IMMEDIATE NOTIFICATION IF REPORTED OR POTENTIAL DOSE EXCEEDS 5 x ANNUAL LIMIT

NOTIFICATION WITHIN 24 HOURS IF REPORTED OR POTENTIAL DOSE EXCEEDS ANNUAL LIMIT

Initial notification by: _____ Date: _____ Time: _____

WRITTEN REPORT REQUIRED WITHIN 30 DAYS FOR ANY DOSE THAT EXCEEDS ANY LIMIT.

Enter a reminder in "To Do" list on Rad Health Network calendar.

WRITTEN REPORT, if required, within 30 days:

Reported by: _____ Date: _____

EXTERNAL EXPOSURE INVESTIGATION QUESTIONNAIRE

For all investigations of high dosimeter readings:

1. Where did you work during the exposure period? Hospital, clinic, building, room, hood/bench, etc., or any other information which would help to determine the source of exposure, and whether it is valid.
2. What type and number of procedures did you perform during the monitoring period? How much time was spent on these procedures? (The details of the procedures are not so important as a reliable estimate of your potential exposure.)
3. Where on your person is your badge worn, i.e. collar, apron, sleeve, right hand, left hand and which finger?
4. Where is your dosimeter kept when not being worn? Was it ever taken out of the lab area by you or anyone else? Could anyone else have used it or exposed it to a radiation source?
5. What type of personal protective apparel did you wear, i.e. lab coat, lead apron, thyroid collar, goggles, gloves?

For radioisotope users:

6. Did you use shielding? (when and where it was necessary). Was it the proper type of shielding for the nuclide being used? Could the exposure have been caused by another individual, e.g. someone working near you, a sample placed near you or in a drawer?

For Cardiologists:

7. Was the mobile ceiling shield used during all procedures? If not, how often and for how long did you need to bypass the mobile shield in order to perform a procedure?
8. Do you use the X-ray equipment in such a way that the angle of the primary beam is not perpendicular to the patient? If so, how do you ensure that your distance from the primary beam is maintained?
9. Is it possible that you could have leaned over the patient and exposed the badge to the primary beam? If so, how many times could this have happened; estimate the amount of time the badge could have been exposed to the primary beam.