

## RPR 46A. EXTERNAL EXPOSURE (ALARA) INVESTIGATION REPORT

UID: _____	ALARA REVIEW #: _____
LAST NAME: _____	FIRST NAME: _____
PI NAME: _____	DEPARTMENT: _____
PARTICIPANT ID: _____	OFFICE PHONE: _____
PERIOD BEGIN DATE: _____	USE TYPE: _____

SERIES	DDE (Whole Body)	LDE (Eye)	SDE (Extremity)	Dosimeter Type

EFFECTIVE DOSE (If Lead Shielded Apron Was Worn = 0.04 Collar Exposure + 1.5 Waist Exposure): \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ RECEIVED DATE: \_\_\_\_\_

**Results of Investigation:**

  
  
  
  

INTERVIEWED BY: \_\_\_\_\_ INTERVIEWED DATE: \_\_\_\_\_

**Recommendations to Prevent Recurrence:**

  
  
  
  

Regulatory Notification Requirements. (If "YES" is selected, notification is required.)			
DOSE	NO	YES	NOTIFICATION
IN ONE EVENT GREATER THAN 5 X ANNUAL LIMIT?	<input type="checkbox"/>	<input type="checkbox"/>	IMMEDIATE
IN ONE EVENT GREATER THAN ANNUAL LIMIT?	<input type="checkbox"/>	<input type="checkbox"/>	WITHIN 24 HOURS
CUMULATIVE IN EXCESS OF ANNUAL LIMIT?	<input type="checkbox"/>	<input type="checkbox"/>	WITHIN 30 DAYS

HP SIGNATURE: \_\_\_\_\_ 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 as 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.