

RPR 46B. INTERNAL EXPOSURE (ALARA) INVESTIGATION REPORT

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

Work Location: _____ Phone: _____

Responsible User: _____ Department: _____

REASON FOR INVESTIGATION:

Personal contamination or injury Date: _____

Abnormal Urinalysis Abnormal Thyroid Count Date: _____

Additional information dated _____ attached on reverse side

Investigation initiated by: _____ Date: _____ Time: _____

NOTIFY UBRC (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.

RESULTS OF INVESTIGATION: (description of event, cause, etc.)

Employee interviewed by: _____ Date: _____

Employee statement attached? Yes No Date: _____

Intake of radioactive material - Estimated: _____ ALI; Verified: _____ ALI

Intake verified by: _____ Date: _____

Additional information dated _____ attached on reverse side

RECOMMENDATIONS TO PREVENT RECURRENCE: _____

Additional information dated _____ attached on reverse side

WRITTEN REPORT, if required, within 30 days:

Reported by: _____ Date: _____

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