

## RPR 46B. INTERNAL EXPOSURE (ALARA) INVESTIGATION REPORT

UID: _____	ALARA REVIEW #: _____
LAST NAME: _____	FIRST NAME: _____
PI NAME: _____	DEPARTMENT: _____
PARTICIPANT ID: _____	OFFICE PHONE: _____

<b>REASON FOR INVESTIGATION:</b>	
<input type="checkbox"/> Personal Contamination or Injury	Date: _____
<input type="checkbox"/> Abnormal Urinalysis Bioassay	Date: _____
<input type="checkbox"/> Abnormal Thyroid Bioassay	Date: _____
INITIATED BY: _____	Date: _____

**Results of Investigation: Include verified intake results expressed as a percent of ALI. Attach all necessary documentation including a detailed employee statement as warranted.**

  
  
  
  
  
  
  
  
  
  

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: \_\_\_\_\_