

TENNESSEE RADIOLOGICAL EVENT

REPORT BY:	CONTACT DATE:	DISCOVERY DATE:
PHYSICAL RESPONSE: Y <input type="checkbox"/> N <input type="checkbox"/>	EVENT DATE:	INVESTIGATION/INSPECTION DATE:
RESPONDENT(S) AND OFFICE:	FIRST CONTACT BY <input type="checkbox"/> Telephone <input type="checkbox"/> Letter/Form <input type="checkbox"/> Email <input type="checkbox"/> Other (Specify):	

LICENSEE/REPORTING PARTY INFORMATION

Name:	License Number:
Address:	Location of Event:
City: State: Zip Code:	Phone Number:

ADDITIONAL INVOLVED PARTY

Name:	License Number:
Address:	Phone Number:
City: State: Zip Code:	

SOURCE/RADIOACTIVE MATERIAL

DEVICE/ASSOCIATED EQUIPMENT

Isotope and activity:	Device Name:
Manufacturer:	Manufacturer:
Model and Source Serial numbers:	Device Model and Serial number:

EVENT TYPE

REPORTABLE EVENT (NMED)

1. <input type="checkbox"/> Lost/Abandoned/Stolen Material 2. <input type="checkbox"/> Radiation Overexposure 3. <input type="checkbox"/> Equipment 4. <input type="checkbox"/> Leaking Source 5. <input type="checkbox"/> Release of Licensed Material or Contamination 6. <input type="checkbox"/> Medical Event 7. <input type="checkbox"/> Misadministration • <input type="checkbox"/> Diagnostic • <input type="checkbox"/> Therapeutic 8. <input type="checkbox"/> Landfill/Scrap Yard • <input type="checkbox"/> Out of State • <input type="checkbox"/> In State 9. <input type="checkbox"/> Fire 10. <input type="checkbox"/> Loss of Package Effectiveness 11. <input type="checkbox"/> Transportation	Procedure: <input type="text"/> DOT Special Permit: <input type="text"/>	NRC report event: <input type="checkbox"/> Immediate* <input type="checkbox"/> 24-hr* <input type="checkbox"/> 30-Day* <input type="checkbox"/> NA ADDITIONAL INFORMATION Abnormal Occurrence? Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Potential Reciprocity? Y <input type="checkbox"/> N <input type="checkbox"/> Consultant Hired? Y <input type="checkbox"/> N <input type="checkbox"/> Other Agencies Notified: Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, Specify:
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Vehicle:	Placard:	Media Attention: Y <input type="checkbox"/> N <input type="checkbox"/>	
Carrier Name:	Phone:	If Yes, Specify:	
Shipper Contact:	Phone:		
Address of Shipper:			
Bill of Lading NO.:	Date:		Exclusive Use:
Container Type:	Isolation:		
Description/Form of Material:			

12. <input type="checkbox"/> Allegations/Complaints	NRC NMED ITEM NO.:
13. <input type="checkbox"/> Other	LOCAL NMED: _____ TRANSFER FILE: _____

COMMENTS

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