

**Radiation Accident/Incident Report**

Environmental Health, Safety and Emergency Management

RAP #       *(To be filled out by EHS&EM)*

*Instructions: Complete and send the request form electronically to* *compliance@appstate.edu**.*

**Section I: General Information**

1. Occurrence Date and Time:
2. Date and Time Reported:
3. Incident Reported By:
4. Contact Information:
5. Department(s):

**Section II: Description of Incident**

1. Occurrence Site:
2. Briefly Describe the Incident:
3. Detailed Description of Incident:
4. Source(s) involved:       Activity:       Physical form:       Chemical Form:
5. Dose received:
6. Provide a detailed description of the incident response:
7. Was anyone injured? If so, list their name, the nature of their injury and any additional comments:
8. Has the Occupational Safety and Health Department been notified? (if applicable)

By submitting this application, the Principal Investigator (and responsible faculty member if PI is a student) accepts responsibility for understanding and complying with Appalachian State University policy on the use of radioactive materials and x-ray producing machines as described in the Appalachian State University Radiation Safety Manual.

The Office of Research Protections, Radiation Safety Officer and the Principal Investigator, have agreed to conduct this application process by electronic means, and this application is signed electronically by the Principal Investigator and by the responsible faculty member if a student is the PI. Name and email address, set out below, constitute electronic signature of this application.

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| PI Name | If Student PI, responsible faculty name |

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|       |       |
| PI Email Address | If Student PI, responsible faculty email address |

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| For RSO:[ ] Approved [ ] Approved pending clarifications [ ] Disapproved RSO Name: Greg BellRSO Email address: bellgl@appstate.eduDate:       |