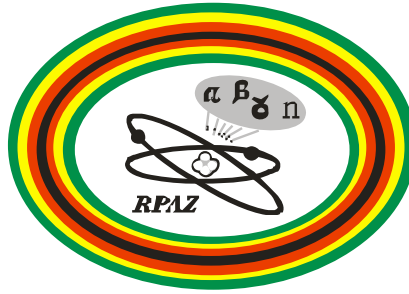


1 McCaw Drive
Avondale
Phone: +263 4 335627, 335683, 335792
Box A1710
Avondale, Harare
Zimbabwe
Phone: +263 4 335 792, 304 982, 304 978,
+263 4 335 627, 335683, 308 006
E-mail: officialmail@rpaz.co.zw



RPA-NT/IA-01/14

RADIATION PROTECTION AUTHORITY OF ZIMBABWE
RADIATION PROTECTION ACT [CHAPTER 15:15]

RADIOLOGICAL EVENT/INCIDENT/ACCIDENT FORM

1. FACILITY INVOLVED

(a) Name and Address of institution:

.....

.....

(b) Head of Institution

(c) Radiation Safety Officer.....

(d) Location

(e) Telephone.....

(f) Fax..... (g) E-mail.....

2. INCIDENT/EVENT/ACCIDENT DETAILS

a) Type of Practice;

b) Details of the people involved

i. The person(s) acting as operator during the exposure

.....

ii. People who were exposed;

.....
.....

c) Sequence of events leading to the incident

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

d) Immediate Actions Taken

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

e) Estimate of the dose received by those exposed

.....

.....

Please Note:

The findings of the investigation must be documented in an investigation report should include at least the following information:

- The key facts concerning the incident;
- Root cause analysis;
- The consequences (if any) for the individual exposed;
- A record of the calculations and measurements that were made;
- Recommendations to avoid recurrence of the incident; and
- Details of the follow up action with the exposed person.

The report should be signed and dated by the person who prepared it and forwarded to RPAZ within 5 working days.

3. DECLARATION:

I..... Certify that I the given information given above is complete and true and that the facility will institute further investigations and submit a report of the investigation to RPAZ.

Date: Signature