COLUMBIA UNIVERSITY
Environmental Health & Safety
www.ehs.columbia.edu

Radiation Safety Program
Medical Center - T: 212-305-0303 F: 212-305-0318
rsocumc@columbia.edu
Morningside - T: 212-854-8749 F: 212-316-4937
rso-ehrs@columbia.edu

INCIDENT REPORT

Columbia-University Medical Center & New York Psychiatric Institute
Radiation Safety Office

(Please complete this form within 24 hours and send a copy to your supervisor and The Radiation Safety Office)

Your Name:

_____ _____
Last Name **First Name**

_____
Department

(____) _____ - _____
Telephone Number

Authorized User:

_____ _____
Last Name **First Name**

Exact location of accident (building name, room number):

Building: _____

Room No: _____

Date of Accident: ____ / ____ / ____
Month Date Year

Time of Accident: ____ : ____ ☐ **a.m.** ☐ **p.m.**

Revised October 2012

1. Type of accident (spill, fire, injury, etc) _____

_____

_____

2. Describe fully how the accident occurred and give the extent of damage to personnel or area: _____

_____

_____

_____

3. Describe fully (if pertinent) what personal protective equipment (lab coat, goggles, gloves, etc.) you were using and/or what other protective equipment was being and in that area at the time of the accident: _____

_____

_____

4. Describe actions taken after incident occurred (medical attention, decontamination of spill, etc.): _____

_____

_____

5. Describe actions taken to prevent reoccurrence: _____

_____

_____

Signature: _____ Today's Date: ___ / ___ / ___
Month Date Year