

**Proforma for Investigation of Overexposure Received by Individual in
Diagnostic X-Ray Department**

Instructions:

1. Provide the required information and tick on the applicable, select multiple options if required.
2. Duly filled and stamped proforma shall be sent to within 15 days **Head, Radiological Safety Division, Atomic Energy Regulatory Board , Niyamak Bhavan, Anushaktinagar, Mumbai – 400094** from the date of receipt
3. Head of the institution must ensure that the form is submitted even if the exposed person left the institution.

Case Details

Case No.:	Institute PMS No.:	Personnel TLD No:
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Name of Institute:

Name of Over Exposed Person:

Reported Dose:	Period:
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Provide Contact Details of Head of Institute

Name of Head of the Institute:

Mobile No.:	Email:
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Contact Detail of Over Exposed Person

Mobile No.:	Email:
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Job profile of Exposed person and Investigation Queries

History of overexposure

- Whether he/she received over exposure in the past: Yes No
- If yes, Whether investigation report was sent thereafter to AERB: Yes No Not applicable

Role of Person: CT Technologist | Cath Lab Technologist | X-ray Technologist | Radiologist | Dentist | Interventional Cardiologist | Ortho. Surgeon | Service Engineer | Nurse |Attendant | Specify, if any other. _____ **Experience in the field:** _____ (Years/Month)

Type of X-ray equipments handled by exposed person

Cath Lab | CT | Fluoroscopy | Radiography | Radiography (Mobile) | C Arm |Mammography | Dental (Intraoral) | Dental OPG | Dental CBCT | Any other (Specify): _____
Whether X-ray equipment(s) are Licensed with AERB: Yes No

Average no. of cases/exposure handled during <<Reported Period>> : _____ per day

Involvement of exposed person in special procedures

- Whether he/she was involved in any special procedure? Yes No
- If Yes, type of procedure: Cath Lab | Fluoroscopy
- Average no. of special procedures handled per day by the exposed person _____

Radiation protection devices which were used by exposed person during operation of X-ray equipment

Protective Barrier | Lead Apron | Thyroid Collar |Gonad Shield |Lead Rubber Flaps | Lead Equiv. Eye Glass Wear | Any Other (Specify): _____

Use of TLD badge

- Whether TLD badge always used during operation of X-ray equipment: Yes No
- Whether TLD badge used with card holder: Yes No
- Whether lead apron used during operation of X-ray equipment: Yes No
- If lead apron used, how TLD badge worn: Above the lead apron Below the lead apron

Storage of TLD badge after routine work

- Outside X-ray/CT/Cath Lab room: inside X-ray/CT/Cath Lab room:
- If TLD badge was kept inside X-ray/CT/Cath Lab room, specify the location: _____
- Storage place for control TLD card: _____

Specific investigation queries

- a) If TLD badge was inadvertently remained inside the diagnosis room,
 - Specify the location : On the couch | Under the couch | Near Chest Stand | Any other location (Specify): _____
 - Specify the duration (in Hours / Weeks / Months): _____
- b) Whether he/she assisting to patients by holding during X-ray examination: Yes No
 - If yes, Whether lead apron worn: Yes No
 - Specify average no. of patients assisted per day: _____
- c) Whether he/she had undergone any radiographic procedure wearing the TLD badge such as CT scan/PET-CT/X-ray or any other: Yes No
 - If yes, Specify the procedure: _____
- d) Whether he/she work part time at any other institution using the same TLD badge: Yes No
- e) Whether TLD badge was shared with any other person: Yes | No

Comment on possible cause of overexposure by the exposed person:

(Signature of Radiation Worker)

Comment on possible cause of overexposure by the Head of Institute/RSO:

(Signature of Head of Institute/RSO)