

Format for Reporting Suspected Excessive Exposure in Diagnostic Radiology Department

(This format is for voluntarily reporting of suspected excessive exposure to radiation workers/TLD badge. This report may be submitted by the Institution in case of any inadvertent exposure to radiation worker or suspected exposure to the TLD badge. Duly filled and stamped report shall be submitted to Head, Radiological Safety Division, Atomic Energy Regulatory Board, Niyamak Bhavan-B, Anushaktinagar, Mumbai – 400094 and a copy of the same is submitted to respected accredited personnel monitoring laboratory)

Institute ID in e-LORA:	Institute PMS No:	
Name of the institute:		
Address:		
Name of personnel monitoring agency: Ultra Tech Laboratories Pvt. Ltd. <input type="checkbox"/> Renentech Laboratories Pvt. Ltd. <input type="checkbox"/> Aventech Laboratories Pvt. Ltd. <input type="checkbox"/>		
Details of Head of Institute:		
Name:	Mobile No.:	Email id:
Details of RSO of Institute:		
Name:	Mobile No.:	Email id:
Details of the radiation worker whose TLD badge got exposed		
Name:	Mobile No.:	TLD badge No.:
Email id:	Role of Person: Operator <input type="checkbox"/> /Medical Practitioner <input type="checkbox"/> /Other Radiation workers <input type="checkbox"/> / Any other (Specify): _____	
Date and Duration of occurrence:		
Nature of Incident: Inadvertent exposure of TLD badge <input type="checkbox"/> / Radiation Worker <input type="checkbox"/>		
<ul style="list-style-type: none"> Type of equipment involved: CT <input type="checkbox"/> Cath Lab <input type="checkbox"/> C Arm <input type="checkbox"/> Fluoroscopy <input type="checkbox"/> Radiography <input type="checkbox"/> Mammography <input type="checkbox"/> Dental (Intraoral) <input type="checkbox"/> Dental OPG <input type="checkbox"/> Dental CBCT <input type="checkbox"/> Any other (Specify): _____ Workload (Average no. of cases/exposure handled during the incident): Details of the incident: 		
Reason of excessive exposure:		
Follow up actions initiated:		

(Name & Signature of Head of Institute)

(Name & Signature of RSO)

(Name & Signature of Radiation Worker)

(Seal of the Institute)

(Attach Extra Sheet if Required)