



# Incident Report

## About this form

- ✓ All research projects approved by the Radiation Safety Committee (RSC) must meet reporting requirements as part of approval conditions.
- ✓ Please use this form to report incidents which have occurred while working on your approved research project.

## Completing the form

**DO NOT COMPLETE THIS FORM IN A WEB BROWSER.** You will not be able to save your data or sign the form in a browser. First SAVE this form, then OPEN the file in Adobe Acrobat Reader or Adobe Acrobat Pro.

- This checklist can be completed electronically.
- The **Primary Contact** is responsible for completing and submitting this form to [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au).
- Digital forms and electronic signatures are preferred.
- If you have any questions, please contact [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au).

## Submitting the report

1. Before submitting, please check that you have attached any additional documents, such as such as copies of radiation licences, exemption forms, written approvals or additional pages of information relating to this form.
2. **Note:** Any health and safety incidents or hazards must be reported immediately using the University's online incident reporting system located at the University's [online incident reporting system](#).
3. Submit the complete application to [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au).
4. For RSC agenda closing dates, see the RSC Meeting Schedule on the [RSC website](#).

## Notification of outcome

The nominated Primary Contact will receive notification of outcome by email once the request has been considered.

**Please do not assume a request has been granted until you are formally advised by the Radiation Safety Committee in writing**

## 1. Research project

Project title	
Protocol Number	
Project End Date	

## 2. Primary contact

---

Note: the Primary contact is **Team member #1**

Full name ( <i>incl. title</i> ) <i>Usually the Chief Investigator</i>	
Staff/Student ID	
Email	
Work phone	
Mobile phone	
School / Faculty / Organisation / Unit	
Campus / Location	

## 3. Research project team

---

Enter the details of all people directly involved in the research project.

### Team member #2

Full name ( <i>incl. title</i> )	
Role in project team	
Staff/Student ID	

### Team member #3

Full name ( <i>incl. title</i> )	
Role in project team	
Staff/Student ID	

### Team member #4

Full name ( <i>incl. title</i> )	
Role in project team	
Staff/Student ID	

**If there are more team members to list, please attach an additional page to your report**



## 4. Incident Details

---

Date/s & time/s incident/s occurred	Date:	Time:
-------------------------------------	-------	-------

Describe the location where the incident/s occurred

Describe the incident/s including the circumstances that led to it

If relevant, describe the area where unsealed radioactive substances may have been dispersed

Provide details of any injury or exposure of radiation to a person/s (researcher/s, participant/s, other/s) resulting from the incident/s

Describe any other adverse and/or unanticipated event/s that involved **radiation**



Describe any immediate or follow up action/s that were taken to address the incident/s, e.g. medical advice sought, data collection suspended

Do you believe any changes should be made to the approved research project in light of the reported incident/s?  
Please explain your answer

Is there any additional information about the event/s that you think should be brought to the attention of the RSC?

## 5. Signatures

### 5.1 Primary Contact

#### Declaration

By signing below, I confirm that all research team members have had the opportunity to review the information above prior to submission of this form.

Primary Contact's Full Name	
Date	
Signature	

### 5.2 Supervisor

Supervisor's Full Name ( <i>if applicable</i> )	
Date	
Signature	

(see next page)





Submit form and attachments to [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au)

**Approval - RSC Use Only**

Protocol Number

Signature

Date

RSC Presiding Officer

