



DEPARTMENT OF PUBLIC SAFETY RADIOACTIVE MATERIAL INCIDENT FORM



INCIDENT INFORMATION			
Case Number:		Date:	Time:
Name of Reporting Individual:			
Incident Location:			
VEHICLE AND TRANSPORTATION METHOD INFORMATION			
Conveyance Type:		Vehicle/Vessel Type:	
Model:		Make:	
License #:		Registration:	
State:		USDOT #:	
PASSENGER OR PEDESTRIAN INFORMATION			
Last:		First:	MI:
DOB:	Race:	Sex:	DL# & State:
Address (Street, City, State , Zip)			
Home Phone:		Cell Phone:	
EQUIPMENT USED (check all that apply)			
<input type="checkbox"/> PRD	<input type="checkbox"/> RIID	<input type="checkbox"/> Survey Meter	<input type="checkbox"/> Portal Monitor <input type="checkbox"/> Mobile
Manufacturer:	Serial Number:	Calibration Due Date:	<input type="checkbox"/> NA
Manufacturer:	Serial Number:	Calibration Due Date:	<input type="checkbox"/> NA
Manufacturer:	Serial Number:	Calibration Due Date:	<input type="checkbox"/> NA
Manufacturer:	Serial Number:	Calibration Due Date:	<input type="checkbox"/> NA
Manufacturer:	Serial Number:	Calibration Due Date:	<input type="checkbox"/> NA
INCIDENT DETAILS			
1. Have the passengers been isolated from the vehicle? (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has the location of the source been identified? (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Source Location (check one): <input type="checkbox"/> Occupant <input type="checkbox"/> Vehicle <input type="checkbox"/> Vessel <input type="checkbox"/> Package <input type="checkbox"/> Other			
Description (including container/shielding info):			
Package Labeling/Shipping Manifest (include type, listed isotopes & activity):			
<input type="checkbox"/> N/A, no markings/manifest			
3. Is the integrity of the container breached? (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> NA	
If yes/unsure, what form?		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Unknown	
Comment:			
4. Has the radiation source been isolated in secondary inspection? (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Radiation level: Gamma Units (check one) <input type="checkbox"/> uR/hr <input type="checkbox"/> mR/hr <input type="checkbox"/> R/hr <input type="checkbox"/> Other:			
Gamma Reading at contact: Reading at <input type="checkbox"/> inches <input type="checkbox"/> feet from Source:			
Has >2 mrem/hr been encountered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, At what distance from source: <input type="checkbox"/> inches <input type="checkbox"/> feet			
Neutrons Detected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Monitored		Reading	Units: <input type="checkbox"/>
Sustained <input type="checkbox"/> Intermittent			
Control perimeter established? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, At what distance from source: <input type="checkbox"/>	
inches <input type="checkbox"/> feet			
6. Has an isotope identification been performed? (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isotope(s) Identified:		Distance from Source:	

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7. Is the isotope identification consistent with a medical or industrial source that is listed in the innocent radiation checklist? (check one)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is the vehicle/person authorized to transport radioactive material? (check one)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
9. Does the radiation source detected match the declaration/placarding/shipping manifest? If "No" what is the discrepancy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
10. Requested technical assistance? (check one) If "Yes" What agencies:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Following notifications were made to:			
<input type="checkbox"/>	NMDPS Radiation Safety Officer (505) 660-5441 by: Name of person contacted: Contact Information (Phone/Email)	<input type="checkbox"/> Fax	<input type="checkbox"/> Email <input type="checkbox"/> Telephone
<input type="checkbox"/>	NMED Radiation Control Bureau (RCB) (505) 660-3707 Name of person contacted: Contact Information (Phone/Email)	<input type="checkbox"/> Fax	<input type="checkbox"/> Email <input type="checkbox"/> Web upload
<input type="checkbox"/>	FBI Weapons of Mass Destruction Coordinator <i>Phone: (505) 889-1300 Fax: 505-889-1770</i> Name of person contacted: Contact Information (Phone/Email)	<input type="checkbox"/> Fax	<input type="checkbox"/> Email <input type="checkbox"/> Web upload
<input type="checkbox"/>	For Spectral Analysis/Technical Reach Back DNDO JAC 877-363-6522 Name of person contacted: Contact Information (Phone/Email)	<input type="checkbox"/> Online	<input type="checkbox"/> Email <input type="checkbox"/> Telephone
12. Technical Representative Recommendations:			
13. Additional Remarks / Actions Taken:			
14. Total Personal Dose/Exposure		Units (check one) <input type="checkbox"/> uRem <input type="checkbox"/> mRem <input type="checkbox"/> Rem;	
<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Additional Report(s): <input type="checkbox"/> CMV Report #:		<input type="checkbox"/> Other:	
Officer Name: _____			
Officer Signature: _____			
Dept./Agency: _____			
E-Mail Address _____			
Additional comments (<input type="checkbox"/> Comments on back of form)			

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Additional Comments/Pictures