

Notifying Form for States of Radiological Emergency

1- From/ sender

Name of communicant:

Occupation:

Name of institution:

Mobile:

E-mail:

To/ Iraqi Radioactive Sources Regulatory Authority

Phone: 7183228

Mobile: 07706243279

E-mail: irsra2004@yahoo.co.uk

2- Details of radioactive source

Practice type:

Name of radioactive source:

Radioactivity:

Serial number:

Date of production:

Source category:

Security group:

A

B

C

Physical state:

solid

liquid

powder

Accompany device name if it's found:

3- Details of incident

Incident type:

radioactive contamination

radioactive exposure

explosive

stealing

losing

transport

fire

other

Date and time of incident:

Name of facility where incident occur:

Location of incident:

4- Cause of incident:

5- Description of incident:

6- Effects of incident:

- Are there any injuries radiological to worker? No Yes Number
- Are there overly radiological exposures to worker? No Yes Number
- Are there acute injuries (non radiological) to workers? No Yes Number
- Are there individuals injured? No Yes Number
- Are there deaths? No Yes Number
- Is public individual were exposed to any risks? No Yes
- Is there contamination in facility? No Yes
- Is safety of facility under control currently? No Yes
- Other information
-

7- Actions taken to response to incident:

8- Determine the required assistance:

Signature:

Name:

Date: