

Radiology Compliance Branch
RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

This form may be used to report X-ray incidents to the Section. If your facility has an incident that is required to be reported the following information if applicable must be provided in the report.

<i>Facility Name</i>	<i>Registration Number</i>

<i>Exposed Individuals Name</i>	<i>Social Security Number</i>
<i>Date of Birth</i>	<i>Dates of Exposure</i>

Estimate of individual's dose

Level of radiation involved (Type of equipment, kVp, mAs, exposure time etc.)

Cause of elevated exposure or description of incident

Details of lost equipment

Corrective action

