

FORM C
Government of India
Department of Atomic Energy

Format for Reporting to the Licensing Authority/Competent Authority Unusual Occurrences and Accidents

1. Name and address of the Installation :
2. Site of unusual occurrence :
3. Type of radiation installation :
4. Date & time of occurrence :
5. Date & time of receiving information :
(by RSO/SO)
6. Date(s) of visit of RSO/SO to the site of :
occurrence
7. Detailed account of the nature of occurrence, :
equipment involved and extent of hazard
8. Action taken on site & result :
9. Maximum radiation and contamination :
levels found in the area involved
10. Names of the individuals involved and
the details of exposures/contamination
received by them (including the officers
investigating the occurrence and attending
to the incident)

Name of person	(Annual) Cumulative Dose before the incident	Cumulative dose after the incident

Signature of Radiological Safety
Officer /Safety Officer

Signature of Employer
(Name of Employer)

(Name of RSO/SO)

Seal of Office

11. Details of immediate :
medical aid and treatment
provided

12. If the accident involved any :
disabling injuries,give the names
of such individuals

13. Comments and recommendations :
tions by the investigating officers
on the unusual occurrence

14. If potential hazards to the public, :
plant or environment are involved,
state what steps are recommended
to avoid such hazards and to prevent
recurrence in future

15. General observations :

Signature of Radiological Safety
Officer /Safety Officer

(Name of RSO/SO)

Signature of Employer
(Name of Employer)

Seal of Office