

# EVENT RATING FORM (ERF)

<b>THE INTERNATIONAL NUCLEAR EVENT SCALE (INES)</b>																																																		
<b>EVENT TITLE</b> OVEREXPOSURE OF AN INDUSTRIAL RADIOGRAPHER												<b>EVENT DATE</b> 2002.10.18																																						
<b>RATING</b>		<b>RATING DATE</b>	<b>OUT OF SCALE</b>	<b>DEVIATION</b>	<b>INCIDENT</b>			<b>ACCIDENT</b>				<b>FACILITY TYPE</b>																																						
PROVISIONAL <input type="checkbox"/>				0	1	2	3	4	5	6	7	Power Reactor <input type="checkbox"/>	Research Reactor <input type="checkbox"/>																																					
FINAL <input checked="" type="checkbox"/>	2003.01.09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radwaste Facility <input type="checkbox"/>	Radiation Source <input checked="" type="checkbox"/>																																					
<b>COUNTRY</b>  U.S.A.				<b>FACILITY NAME</b>								Irradiation <input type="checkbox"/>	Transportation <input type="checkbox"/>																																					
<b>LOCATION</b>  Ghent, Kentucky												Fuel Fabrication <input type="checkbox"/>	Fuel Reprocessing <input type="checkbox"/>																																					
												Research Facility <input type="checkbox"/>	Mining/Milling <input type="checkbox"/>																																					
												Enrichment Facility <input type="checkbox"/>	Other <input type="checkbox"/>																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 20%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td><b>OFF-SITE IMPACT</b></td> <td></td> <td></td> </tr> <tr> <td>    RELEASE BEYOND AUTHORIZED LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    OVEREXPOSURE OF MEMBERS OF PUBLIC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>ON-SITE IMPACT</b></td> <td></td> <td></td> </tr> <tr> <td>    CONTAMINATION SPREAD</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    WORKER OVEREXPOSURE</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>    DAMAGE TO RADIOLOGICAL BARRIERS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    DEGRADATION OF DEFENCE IN-DEPTH</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    PERSON INJURED PHYSICALLY OR CASUALTY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    IS THERE A CONTINUING PROBLEM</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    PRESS RELEASE ISSUED (IF YES, PLEASE ATTACH)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>																YES	NO	<b>OFF-SITE IMPACT</b>			RELEASE BEYOND AUTHORIZED LIMITS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OVEREXPOSURE OF MEMBERS OF PUBLIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ON-SITE IMPACT</b>			CONTAMINATION SPREAD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WORKER OVEREXPOSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DAMAGE TO RADIOLOGICAL BARRIERS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEGRADATION OF DEFENCE IN-DEPTH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PERSON INJURED PHYSICALLY OR CASUALTY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS THERE A CONTINUING PROBLEM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PRESS RELEASE ISSUED (IF YES, PLEASE ATTACH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>EVENT DESCRIPTION</b>  A radiographer was exposed to a 3.81 TBq (103 Ci) iridium-192 source while conducting industrial radiography. The individual's whole body dose was evaluated by a licensee consultant to be 30 cSv (rem) as a result of a single event. Confirmatory calculations by the regulatory agency supported the exposure estimate.  The event occurred when the radiographer failed to successfully retract the source to its shielded position following a film exposure. The radiographer entered the restricted area without performing the required radiation survey. The radiographer's alarming dosimeter failed to alarm. While in the restricted area, the radiographer recognized that the source was still exposed, and immediately exited the area.																																																		
<b>RATING JUSTIFICATION AND DIFFICULTIES ENCOUNTERED</b> Paragraph III-2.2: Overexposure of workers																																																		
<b>CONTACT PERSON FOR FURTHER INFORMATION</b>																																																		
<b>NAME</b>				<b>AFFILIATION</b>																																														
<b>ADDRESS</b>																																																		
<b>PHONE</b>				<b>FAX</b>					<b>E-MAIL</b>																																									

TO BE SENT TO THE IAEA INES COORDINATOR

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