

State of Florida Bureau of Radiation Control Radiological Incident Final Report

Incident Number FL09-052

Abnormal Occurrence F	ollow-up Report No	eport Allegation No		Incident Date 16-Jun-09		Report Date 21-Jul-09	
Licensee or Owner Memorial Hospital							
			License # 2567-1	License Type: Category Specific; 5B			
Contact Person, Title: Address if Different from Licensee or Owner Scott Beauchamp					Phone Number 904-391-1111		
Isotope(s) T1-201			Activity(s) 7.2 mCi				
Material Form; Chemical Form Normal Form, Liquid	Physical Form		Probable Disposition of Mater N/A	ial			
Exposure? Number Type No 1 Patie	of Individual(s) ent	Exposure Sour Internal	Dose Delivered Organ	to	Maximur 9.36 re	m Dose Received m	
Incident Category Medical Event							
Incident Location Same as Licensee or Owner					Location Classification Restricted Area		
needed. Techs will verify in further action will be taken			nd a patient work flow sheet	containing in	formation to	track doses. No	
Device Type (Quantity)		anufacturer	Model Number	Model Number		Serial Number(s)	
2							
3							
Emergency Groups at Scene	None						
Organizations Notified	HSER, HSERE, NRC Event # 45135						
Media Contacted	None						
					Date: Time Investigated 21-July-09; 0755		
Incident Response Coordinator, Environmental Section, Bureau of Radiation Control					ate		
Emergency Response Supervis	sor, Environment	tal Section, Bureau of Ra	adiation Control	Date	е		
		e Materials Licensing Section	No; Supplementary Material n, Bureau of Radiation Control; Incider		Total Page(s) _ ental Section,		