



UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

January 27, 1991

ALL AGREEMENT STATES

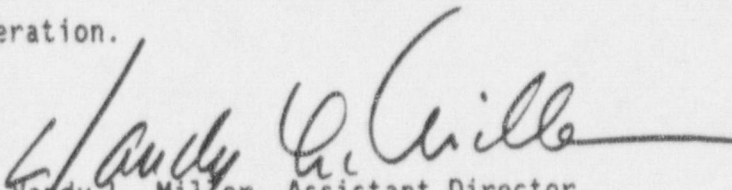
ANNUAL SUMMARIES OF INCIDENTS (SP-92-009)

On December 10, 1990, we informed you of our plans to collect summary information on radioactive materials incidents on an annual basis. A suggested summary report format for this purpose was included with that letter. We would like to now collect the incident summaries for 1991 and would like to receive them by March 16, 1992. The Office for Analysis and Evaluation of Operating Data (AEOD) will compile, review and analyze the data. This compiled experience increases the likelihood of identification of lessons of experience that can be shared among all licensees of the same class. A draft report of the analysis will then be provided to the Agreement States for comment. Following receipt and review of your comments, the report will be finalized and distributed in conjunction with the AEOD Annual Report on Non-Reactor Events (NUREG 1272). I believe that most of you have been following the suggested format attached to our December 1990 letter and we ask that the 1991 summaries that you provide follow this format. If you are using a computerized data base, a computer printout would be acceptable provided all the information indicated in the suggested format is included in the printout.

We very much appreciate your cooperation in furnishing this information to us. As you are well aware, the Agreement States regulate two-thirds of the materials licensees in the U.S. The availability of reports of analyses of the incident data for this segment of licensees will be a welcome addition to radiation safety literature.

You may recall that in 1991, we asked for your comments on draft forms to be used for this purpose in the future. Again, we thank you for your thoughtful comments and suggestions. The final forms have been finalized and are enclosed. We request that 1992 incident summary information that is collected for NRC analysis be recorded on these forms or, if computer resources are used, the printouts contain the same information. We will request the summaries in January 1993.

Once again, thank you for your cooperation.


Vandy L. Miller, Assistant Director
for State Agreements Program
Office of State Programs

Enclosure:
As stated

9306150151 930503
PDR COMMS NRCC
CORRESPONDENCE PDR

EVENT REPORT FORM AND MISADMINISTRATION REPORT FORM

The reporting forms for events involving radioactive materials or medical misadministrations have been developed to provide information in a form that permits it to be entered easily into a computer database. The form defines the information desired on various types of events; equivalent forms developed by individual states may be used. Any format used to transmit information on events should contain the items of information included on the forms.

Note that there are types of events that should be reported that may not be defined on the event form except as an event involving an overexposure or a release of materials (e.g., uranium or thorium licensees.) Essentially, information should be provided for any event involving radioactive material that is reported pursuant to NRC (or comparable Agreement State) regulations or license conditions.

Event Report Form

Bold type has been used to set off the different sections of the report from one another. These major sections are:

Abnormal Occurrence - This block should be checked if the event meets the abnormal occurrence criteria. For agreement states, the criterion most frequently cited in abnormal occurrences is a dose that exceeds the AO limits (generally 5x the annual allowable dose under Part 20.) The Commission determines whether or not an event will be considered an AO.

Follow-up Report - For some events, such as lost sources, information may become available after the initial report has been submitted. The new information should be submitted as a follow-up report and the item number of the initial report should be given.

Item - The state should assign a number for each item. The first two digits refer to the year (i.e., 91 for 1991, etc.) and the next digits can be chosen by the state. Each report have a unique number.

Event (Evt) date, Report (Rpt) Date, Licensee, License (Lic.) No. - The state should fill these items.

Isotope, AEA material, ACCEL. (ACCELERATOR PRODUCED), NORM - This information is used in any safety evaluations that might be required.

Amount of Radioactive Material - This information is most important for leaking sources, irretrievable sources, or lost or stolen sources but the information should be filled in for all events if possible. The lower limit of interest is the exempt quantity for the specific isotope.

Events involving Exposures - This information should be filled in for any overexposure. 'restricted area', 'unrestricted area', and 'controlled area' have the meanings defined in 10 CFR Part 20.

Leaking Source - This box should be checked and the manufacturer and model number given in the space just above the abstract.

17

Irretrievable Well Logging Source - This box, together with data on the isotope and the amount of radioactive material, should be filled in.

Lost or Stolen Materials - The data for this type of event defines the type of event, the place when the loss or theft occurred, and the probable disposition of the materials. If the disposition is not known, the blank for 'unknown' may be used instead of assigning the probable disposition. Information on the isotope and the amount of material should be provided.

Release of Materials - This class of event involves the release of materials from some kind of accident. The term 'location' refers to the point of release. The data on isotope, amount of radioactivity, and overexposures (if any) resulting from the event should also be given.

Events involving Facilities - This class of event involves damage to a device or radioactive material at a facility, as the result of an event (fire, tornado, steel spill, etc.) at the facility. Data on the isotope and releases of radioactive material (if any) should be included.

Events involving Gauges - This class of events includes those that occur to portable gauges, or failures of fixed gauges. Data on isotope, amount of radioactive material in the gauge, gauge manufacturer and model number should be provided.

Radiography - The data indicated should be provided for radiography events, together with data on the isotope, amount of radioactive material, exposures, etc. Manufacturer and model number should also be provided. 'Temporary (temp.) job site' is a term used in NRC to indicate radiography is being performed in the field.

Irradiator - If an event occurs at an irradiator, this box should be checked together with any other applicable boxes, i.e., leaking source.

Teletherapy - If an event is reported for a teletherapy unit, this box should be checked and data on the manufacturer/model number provided in the space just above the abstract.

Manufacturer and Model Number - Where the event involves a device such as a gauge or an irradiator, the manufacturer/model number should be given. The space for this information is located just above the abstract.

Abstract - A brief description of the major features of the event should be given.

MISADMINISTRATION REPORTS

The six types of misadministrations track the reporting requirements in the quality management rule. Check the applicable type and the applicable box for the type.

Abstract - A brief discussion of the major aspects of the misadministration should be included in the abstract.

EVENT REPORT

ABNORMAL OCCURRENCE ☐ YES ☐ NO FOLLOW-UP REPORT ☐ YES ☐ NO ORIGINAL ITEM NO. _____

ITEM _____ EVT DATE ____/____/____ RPT DATE ____/____/____ LICENSEE _____ LIC. NO. _____ CITY _____ STATE _____

ISOTOPE _____ ☐ AEA MATL ☐ ACCEL. ☐ NORM

AMOUNT OF RADIOACTIVE MATERIAL

(If amount of material is below exempt quantity, there is no need to fill out this form.)

☐ <1 MILLICI ☐ 1 MILLICI - <100 MILLICI ☐ 1 CI - < 10 CI
☐ 100 MILLICI - < 1 CI ☐ 10 CI - 100 CI
☐ UNKNOWN ☐ >100 CI

☐ EVENT INVOLVING EXPOSURE _____ NUMBER EXPOSED _____

TYPE OF INDIV.	EVENT LOCATION	DOSE TO:	MAXIMUM DOSE
<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> RESTRICTED AREA	<input type="checkbox"/> WHOLE BODY	_____ RAD REM
<input type="checkbox"/> MINOR EMPLOYEE	<input type="checkbox"/> UNRESTRICTED AREA	<input type="checkbox"/> LENS OF EYE	_____
<input type="checkbox"/> EMBRYO/FETUS	<input type="checkbox"/> CONTROLLED AREA	<input type="checkbox"/> EXTREMITY	_____
<input type="checkbox"/> PUBLIC		<input type="checkbox"/> SKIN	_____
		<input type="checkbox"/> ORGAN	_____

SOURCE OF RADIATION

☐ EXTERNAL
☐ INTERNAL
☐ BOTH

☐ LEAKING SOURCE ☐ IRRETRIEVABLE WELL LOGGING SOURCE

☐ LOST OR STOLEN MATERIALS ☐ RELEASE OF MATERIALS

EVENT	EVENT LOCATION	PROBABLE DISPOSITION	FORM	EVENT
<input type="checkbox"/> LOST	<input type="checkbox"/> FIXED SITE	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> SOLID	<input type="checkbox"/> SPILL
<input type="checkbox"/> FOUND	<input type="checkbox"/> TEMP. JOB SITE	<input type="checkbox"/> COMM. WASTE	<input type="checkbox"/> LIQUID	<input type="checkbox"/> TRANSPORT.
<input type="checkbox"/> THEFT	<input type="checkbox"/> LIC. VEHICLE	<input type="checkbox"/> INCIN.	<input type="checkbox"/> GAS	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> THEFT, WITH FORCE	<input type="checkbox"/> COMM. CARRIER	<input type="checkbox"/> SCRAP METAL		
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> UNKNOWN	LOCATION	
		<input type="checkbox"/> OTHER _____	<input type="checkbox"/> RESTRICTED AREA	
			<input type="checkbox"/> UNRESTRICTED AREA	
			<input type="checkbox"/> CONTROLLED AREA	

☐ EVENTS INVOLVING FACILITIES

<input type="checkbox"/> FIRE	<input type="checkbox"/> EXPLOSION	<input type="checkbox"/> > 24 HR. DENIAL OF ACCESS
<input type="checkbox"/> DAMAGE TO DEVICE	<input type="checkbox"/> SPILL	<input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT
		<input type="checkbox"/> OTHER _____

☐ EVENTS INVOLVING GAUGES

☐ RADIOGRAPHY

TYPE	EVENT	LOCATION	EVENT
<input type="checkbox"/> GL	<input type="checkbox"/> SHUTTER	<input type="checkbox"/> FIXED	<input type="checkbox"/> SOURCE DISCONNECT
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> MOIS/DEN GAU	<input type="checkbox"/> TEMP.	<input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POS.
<input type="checkbox"/> SPEC. LIC.	<input type="checkbox"/> DAMAGE	JOB SITE	<input type="checkbox"/> CABLE FAILURE
<input type="checkbox"/> FIXED	<input type="checkbox"/> OTHER _____		<input type="checkbox"/> EQUIP FAILURE
<input type="checkbox"/> PORTABLE	<input type="checkbox"/> LOST/STOLEN		<input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES

☐ IRRADIATOR

☐ TELETHERAPY

MANUFACTURER _____ MODEL _____ SER. NO. _____

ABSTRACT (MAY BE CONTINUED ON OTHER SIDE OF PAGE)

ORIGINAL ITEM NO. .

CITY

- ABSTRACT (MAY BE CONTINUED ON OTHER SIDE OF PAGE)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

ORIGINAL ITEM NO. _____

CITY

- ABSTRACT (MAY BE CONTINUED ON OTHER SIDE OF PAGE)