

INCIDENT CASEWORK REVIEW SUMMARY SHEET

A/S or NRC Office: _____ Reviewer: _____ Date: _____

State Incident Number or Other File _____	
Licensee _____ License _____	
Date of Incident _____ Date of 1 st Contact _____	
Date of Investigation _____	
Investigation Type <input type="checkbox"/> Site <input type="checkbox"/> Phone <input type="checkbox"/> Next Insp. <input type="checkbox"/> None	
<input type="checkbox"/> Overexposure <input type="checkbox"/> Damage to Equipment or Facility <input type="checkbox"/> Release of RAM <input type="checkbox"/> Equipment or procedure Failure <input type="checkbox"/> Lost/Stolen/Abandoned RAM <input type="checkbox"/> Leaking Source <input type="checkbox"/> Contamination Event <input type="checkbox"/> Transportation <input type="checkbox"/> Loss of Control <input type="checkbox"/> Medial Event <input type="checkbox"/> Other	
Brief Summary of Event _____ _____ _____	
Event Properly Reported to the NRC Headquarters Operation Center <input type="checkbox"/> Yes <input type="checkbox"/> No Event Added to NMED <input type="checkbox"/> Yes <input type="checkbox"/> No Event Met AO Reporting Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No Possible Generic Problem <input type="checkbox"/> Yes <input type="checkbox"/> No	
State/NRC's Action _____	
Final Disposition _____	
No	Comments

Inspector/Investigator _____

Supervisory Review by: _____ Date _____

Findings Discussed with : _____ Date _____