

**INVESTIGATIONAL REPORT - ALARA LEVEL II**

**Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

<u>Exposure Period</u>		<u>External Exposure (mrem)</u>	
<u>From</u>	<u>To</u>	<u>X or Gamma Dose</u>	
		Quarter	Quarter <b><u>Total</u></b>

**DDE:**  
**LDE:**  
**SDE:**

**Please consider the following questions.** \_\_\_\_\_ **Yes** **No**

1. Was the badge placed or stored near a radiation source? \_\_\_\_\_
2. Could you have accidentally exposed your body to a beam of radiation? \_\_\_\_\_
3. Did you hold any patients during a radiation exposure? \_\_\_\_\_
4. Did you work more hours or perform more procedures during this period? \_\_\_\_\_
5. Were you involved in procedures requiring unusually high exposure to radiation? \_\_\_\_\_
6. Do you routinely wear any of the following protective clothing? \_\_\_\_\_

\_\_\_ Lead Aprons    \_\_\_ Lead Gloves    \_\_\_ Thyroid Shield    \_\_\_ Lead Glasses

If you answered yes to any of these questions, please provide additional information in the space provided below. Also, please describe any unusual incidents that could explain your dose.

**Individual's Explanation**

**RSO Findings and Comments**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Radiation Safety Officer