



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

David A. Cook, Commissioner

Nathan Deal, Governor

2 Peachtree Street, NW
Atlanta, GA 30303-3159
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X-RAY INCIDENT REPORTING FORM
(Please type form)

FACILITY INFORMATION

Name of Facility: _____

Facility Type: _____ X-Ray Registrant #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person Reporting Incident: _____ Title: _____

Contact Person(s): _____ Phone No. of Contact: _____

Fax #: _____ Email Address: _____

PATIENT / REPORTING INFORMATION

Date _____ Time _____ a.m. /p.m. Reported to Healthcare Facility Regulation Division

Date _____ Time _____ a.m. /p.m. Facility Was Aware of the Incident

Date _____ Time _____ a.m. /p.m. Incident Occurred

_____ Age Sex Date of Birth

Affected Patient or Employee Name

Age

Sex

Date of Birth

Social Security Number

Patient Med Rec # (as applicable)

Patient's Diagnosis: _____

TYPE OF INCIDENT: *Please check appropriate boxes.* (Attach a copy of incident report if applicable)

- Over exposure of the whole body to 5 rems or more
- Over exposure of the whole body to 25 rems or more
- Over exposure of the skin of the whole body to 30 rems or more
- Over exposure of the skin of the whole body to 150 rems or more
- Over exposure of the feet, ankles, hands, or forearms to 75 rems or more
- Over exposure of the feet, ankles, hands, or forearms to 375 rems or more
- Exposure of an individual to radiation in excess of any applicable limit set forth in the rules.
- Levels of radiation in an uncontrolled area in excess of 10 times any applicable limit set forth in the rules

