

BRC Incident Report Form

1. Date/Time
06/14/2018
11:30am

2. Incident Number
FL18-069

3. Owner/Licensee Name Flagler County Sheriff's Operation Center 4. Phone Number 386-313-4045

5. Address
901 E Moody Blvd., Bunnell, FL 32110

6. Incident Location
same

7. Description of Incident
Survey building

8. Radiation readings taken by onsite staff (use cautiously)
none

9. Response requested: Immediately End of next day By end of week Other: _____

10. Have you notified owner/licensee of your arrival date/time? Yes No, why not? _____

11. Before departure, make sure you have: This form Sample tags Sample bags Tape to secure bags Gloves/shoe covers

12. Also, take these instruments (check calibration and function): Ion chamber Scintillator Scaler/GM pancake probe SAM

13. On scene contact person, title Faith Alkhatib, P.E., MBA. Public Works Director 14. Phone number same

15. Address
same

16. Date/time incident investigated <u>06/14/2018 11:30am</u>	17. Date/time incident occurred <u>na</u>	18. Date/time incident discovered <u>na</u>	19. Date/time incident reported <u>June 11, 2018</u>
--	--	--	---

20. Description of investigation
Survey building as requested by County Official

21. Cause(s) of incident
Report of illnesses in building 34 out of 60 personnel, est.

22. Corrective actions taken by owner/licensee to prevent recurrence
No readings above background, county has hired private environmental firm for any other causes other than ionizing radiation

23. Other agencies onsite (include full name, staff present, phone number, case number or other documentation cross reference)

24. Survey / Sample readings taken by inspector

Sample #: <u>na</u>	Reading - contact <u>0.005</u> , 1 foot <u>0.005</u> , 1 meter <u>0.005</u> , <input type="checkbox"/> cpm, <input checked="" type="checkbox"/> mR/hr	Radioisotope: <u>na</u>	Physical Form: <u>N/A</u>	TI: <u>na</u>
Location - Description: <u>whole building, all interior spaces and back of building</u>			Date: <u>6/14/2018</u>	Time: <u>11:30am</u>
Instrument - Type: <u>Scintillator</u>		Model: <u>Radeye PRD</u>	Serial #: <u>10667</u>	Cal. Date: <u>5/7/2019</u>

Sample #: _____	Reading - contact _____, 1 foot _____, 1 meter _____, <input type="checkbox"/> cpm, <input type="checkbox"/> mR/hr	Radioisotope: _____	Physical Form: _____	TI: _____
Location - Description: _____			Date: _____	Time: _____
Instrument - Type: _____		Model: _____	Serial #: _____	Cal. Date: _____

Sample #: _____	Reading - contact _____, 1 foot _____, 1 meter _____, <input type="checkbox"/> cpm, <input type="checkbox"/> mR/hr	Radioisotope: _____	Physical Form: _____	TI: _____
Location - Description: _____			Date: _____	Time: _____
Instrument - Type: _____		Model: _____	Serial #: _____	Cal. Date: _____

Sample #: _____	Reading - contact _____, 1 foot _____, 1 meter _____, <input type="checkbox"/> cpm, <input type="checkbox"/> mR/hr	Radioisotope: _____	Physical Form: _____	TI: _____
Location - Description: _____			Date: _____	Time: _____
Instrument - Type: _____		Model: _____	Serial #: _____	Cal. Date: _____

25. For a sample or possibly radioactive device/object collected, obtain tag numbers, fill out sample tag completely (remember chain-of-custody), Tag number(s) assigned: _____	26. Call the IRC (or the DO) at (407)297-2095 before leaving the incident investigation site. Person contacted <u>Tim Dunn</u>
27. Preparation time/Investigation time/Report writing time <u>2/4/1</u>	28. Signature/Inspector number or print name <u>Steve Furnace 155</u>