

[REDACTED]

10/389

From: servicedesk@ansto.gov.au
Sent: Tuesday, 28 September 2010 8:54 AM
To: OHSS
Subject: Event Notification - Event Number 27356

- Insignificant
- Close 28.09.10

Event Notification Email

An event has been lodged. Please review and track.

Event Number: 27356

Raised By: [REDACTED]

Date and Time of the Event:: 27/09/2010 1:00:00 PM

1. What did or could have occurred? (Event description - what, where, when, how, did SOSS attend, etc? - please write as a story/narrative) : After finishing product Y-90 second batch 123947, I proceeded through the barrier as normal after any completion of a product or finishing work from lab and recieved loose contamination on my right side pants of 16 counts.

Wipping It off with water on paper roll the contamination was no longer there as It was shown on the monitor.

2. Describe action taken immediately as a result of the event?: Wipping It off with water on paper roll the contamination was no longer there as It was shown on the monitor. Also taken action by speaking to [REDACTED] to figure out appropriate actions.

3. Other information you think is important for us to assess the Incident and reduce the risk of re-occurrence: No further assessment is required. Only to fill out Event Notification report.

Names of People Involved: [REDACTED]

Location of Event: Building 23 A Barrier.

Contact Telephone Number (If known ie: mobile of contractor): [REDACTED]

Radiological Facility: True

Offsite Medical Treatment: False

OHS: False

Plant & Equipment:

Abnormal Occurrence: True

Environmental Issue: False

Supervisor: [REDACTED] **Nominated Individual:**

Request 27356 Details

Take Over Request No. 27356		Take Action
Request Title		Ref
Event Notification Form		
Customer Details		
Customer	Organization	
	ANSTO Health	
Location	Telephone	
Event Details		
Date and Time of the Event:		
27/09/2010 1:00 PM		
1. What did or could have occurred? (Event description - what, where, when, how, did SOSS attend, etc? - please write as a story/narrative)		
full view		
After finishing product Y-90 second batch 123947, I proceeded through the barrier as normal after any completion of a product or finishing work from lab and recieved loose contamination on my right side pants of 16 counts.		
Wipping it off with water on paper roll the contamination was no longer there as it was shown on the monitor.		
2. Describe action taken immediately as a result of the event?		
full view		
Wipping it off with water on paper roll the contamination was no longer there as it was shown on the monitor. Also taken action by speeking to [REDACTED] to figure out appropriate actions.		
3. Other information you think is important for us to assess the incident and reduce the risk of re-occurrence		
full view		
No further assessment is required, Only to fill out Event Notification report.		
Who was involved, affected or present?		
Names of People Involved (list if multiple)		

[full view](#)

Contact Telephone Number of affected person, etc (if known ie: mobile of contractor)

Location of Event

Building 23 A Barrier.

Did the event involve any of the following:

☒ Radiological Event - Personal Contamination, Unplanned Personal Exposure, Unplanned Environmental Exposure, Abnormal Dose Rates In an Area

☒ Offsite Medical Treatment - Paramedical Services, NSW Ambulance Services

☒ OHS - Injury/Illness, Near Miss, Hazard, Exposure - Chemical/Biological

☒ Plant & Equipment

☒ Abnormal Occurrence

☒ Environmental Issue

Supervisor

Actions & Solutions

TasksManage CMDB TransactionsBudgetsDatesText

Request Tasks

Task No	Task Title	Authoriz	Order
373021	Supervisors Investigation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
373025	GM Notification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
373026	OHSS Notification Task	<input checked="" type="checkbox"/>	<input type="checkbox"/>
373016	OHSS Messaging Task	<input checked="" type="checkbox"/>	<input type="checkbox"/>
373017	QSERP GM Notification Email	<input checked="" type="checkbox"/>	<input type="checkbox"/>
373023	Radiological Event Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
373022	CEO Event Notification Email	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ReviewOpenFilter Columns

Take ActionInternalDeferSaveCompleteCancel



OHSE Management - Event Reporting

Event Report Form

Completion Instructions

Minor Event: Complete Section 1 – 3 (include Section 5 if actions are identified)

Moderate Event: Complete Section 1 – 5 (Section 6 to be completed by General Manager / Head of Institute)

Major or Severe Event: Complete Section 1 – 5 in conjunction with QSERP. (Section 6 to be completed by General Manager/ Head of Institute)

Section 1 - Event Number and Personnel Details

Infra Event Number (Generated by the Infra Event Notification Form)	27356
Event Report Number (As supplied by QSERP Admin)	27356
Affected Person Details (if applicable)	
Name – Surname:	[REDACTED]
Name – First Name/Given:	[REDACTED]
Division & Section:	Ansto health
Line Manager/Supervisor Name:	[REDACTED]
General Manager/Institute Head Name:	[REDACTED]
Health and Safety Representative	[REDACTED]
Others present/Involved: (Surname, First Name)	
Time and Date of the Event	
Date of the event:	27 / 09 / 2010
Time of the event:	13 / 00 / 00

Section 2 - Event Location

<input checked="" type="checkbox"/> Building	<input type="checkbox"/> External (ie outside a building)	<input type="checkbox"/> Site-wide
<input type="checkbox"/> Hut	<input type="checkbox"/> Offsite	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Substation	<input type="checkbox"/> Sport	
Location number (eg Building number, car park):	23a	
Room Type (eg office, lab):	Production facility	
Room number etc, if available:	Exit Barrier point	
Other:	N/A	

Section 3 - Event Categorisation

Event Summary (short description of event)

After finishing product Y-90 second batch 123947, I proceeded through the barrier as normal after any completion of a product or finishing work from IProduction facility and recieved loose contamination on [REDACTED]'s right side of his pants of 16 counts per second.

[REDACTED] proceeded to Wipping It off with water on paper roll which resulted with the contamination no longer there as clear

displayed and indicated on the hand and foot monitor.

Event Type - Category/(ies) Please select relevant event type(s)

- | | | |
|--|--|--|
| <input type="checkbox"/> Injury/Illness – refer to A | <input type="checkbox"/> Hazard Notification | <input type="checkbox"/> Plant & Equipment |
| <input type="checkbox"/> Environmental – refer to B | <input checked="" type="checkbox"/> Near Miss | <input type="checkbox"/> Abnormal Occurrence |
| <input type="checkbox"/> Radiological Event – refer to C | <input type="checkbox"/> Exposure: Chemical & Biological | |

Event Severity - Category Please select relevant category. Confirmed by QSERP in 1 working day. [Link to Event Response Matrix](#)

- | | | |
|---|--|-----------------------------------|
| <input checked="" type="checkbox"/> Insignificant – only Infra required | <input type="checkbox"/> Moderate – local event | <input type="checkbox"/> Major * |
| <input type="checkbox"/> Minor – complete to end section 3 | <input type="checkbox"/> Moderate – cross divisional | <input type="checkbox"/> Severe * |
| Complete to end section 6 | | * Both require QSERP involvement |

A(i) - Injury event details (if applicable)

In the event of an injury/illness, the affected person must report to the ANSTO Health Centre if they have not already done so

- | | |
|--|---|
| 1. Nature of Injury or Illness (e.g. burn, laceration, sprain etc) | |
| 2. Was the injury incurred while travelling to / from work? | <input type="checkbox"/> Y <input type="checkbox"/> N
Details: |

A(ii) - Outcome details (if applicable)

- | |
|--|
| <input type="checkbox"/> No Treatment |
| <input type="checkbox"/> First Aid Injury (FAI) |
| <input type="checkbox"/> Medical Treatment Injury (MTI) |
| <input type="checkbox"/> Lost Shift Injury (LSI) (ie Incompletion of a shift by injured party following an injury) |
| <input type="checkbox"/> Fatality |

B - Environmental event details (if applicable)

- | | |
|---------------------------|---|
| 1. Nature of Impact | Please select item from list |
| 2. Aspect Affected | Please select item from list |
| 3. Impacting Agent | Please select item from list |
| 4. Quantity (how much?) | |
| 5. Area (how big?) | |
| 6. Duration (how long?) | |
| 7. Licence Non-Compliance | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8. Licence Reference | |
| 9. Further Details | |

C - Radiological event details (if applicable) Please attach relevant Health Physics Report

- | | |
|--|--|
| 1. Exposure / Potential Exposure | |
| a) Was this an abnormal external radiation exposure (whole body, extremity or other) event? | <input type="checkbox"/> Y <input type="checkbox"/> N
Details: |
| b) Was this an Internal exposure (ingestion or inhalation) or potential internal exposure event? | <input type="checkbox"/> Y <input type="checkbox"/> N
Details: |
| 2. Contamination / Potential Contamination | |
| a) Was this a personal contamination (skin/body or clothing) event? | <input type="checkbox"/> Y <input type="checkbox"/> N
Details: |
| b) Was this a contaminated wound? | <input type="checkbox"/> Y <input type="checkbox"/> N
Details: |
| c) Was this abnormal area contamination? | <input type="checkbox"/> Y <input type="checkbox"/> N
Details: |
| 3. Release / Potential Exposure | |
| a) Was this an abnormal release of radioactivity (liquid, gaseous, stack release, etc)? | <input type="checkbox"/> Y <input type="checkbox"/> N
If "Yes", was there a release external to facility or sit
Details: |

b) Detection of abnormal dose rates in an area?	<input type="checkbox"/> Y <input type="checkbox"/> N
Details:	
<div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: white; opacity: 0.5; font-size: 2em; text-align: center; line-height: 1;"> Not Applicable - "Insignificant Event", only Infra Report required </div>	
Did the incident occur while the person was doing work covered by a SAC/SAR?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please insert SAC/SAR Approval No:	
For minor event sign off only	
Are any actions required?	<input type="checkbox"/> Y <input type="checkbox"/> N if yes, complete section 5
Are any additional reports attached?	<input type="checkbox"/> Y <input type="checkbox"/> N if yes, complete table in section 4

Other comments

This is a near miss event and will be used for statistical purposes in the future.

Minor event report close out

Supervisor Signature: 

30/09/10

20/09/2
Date: dd / mm / yyyy

Minor event -- a copy of this report (and any supporting documentation) MUST be sent to QSERP (eventreports@ansto.gov) or faxed to 9717 9266) on completion.

Section 4 - Event Investigation

Complete for Moderate, Major and Severe Events

Consider the following during your investigation: systems and procedures in place; supervision and training of staff; Material Safety Data Sheets; time of day event occurred; resources available; Health Physics Report and other technical reports. See Investigating Events Guide for further guidance

Detailed description of the event

What is the injury or damage? Or if a near miss occurred, what was the potential outcome?

What happened immediately before the event?

What occurred / didn't occur that allowed this event to take place? Consider, equipment, plant, material, environment, management, and people; the sequence of events (timeline); and the outcome?

Detail your findings and recommendations

What are the causes of the event? Provide details and justification

Direct cause (Immediate events or conditions that caused the incident e.g. a slip or a trip on an uneven surface)

Contributing / Indirect cause (Events and conditions that collectively with other causes increased the likelihood of an incident but individually did not cause the incident e.g. the fact that a package was being carried at the time of the slip / trip)

Root cause (Factors that if corrected, would prevent recurrence of the same or similar incidents e.g. a lack of maintenance of pathways)

Table of all relevant reports (eg Personal Contamination Report, Investigation Reports, Root Cause Analysis, etc)

ANSTO Business Management System: AF 2582

Approved by: Manager, OHSS on 7/9/10

Custodian: QSERP

Rev 5

Page 3

Email copies of all documents to QSERP at eventreports@ansto.gov.au

Type of Report	Author	Approved by	Date Approved
Not Applicable - "Insignificant Event" only Infra Report required			dd / mm / yyyy
			dd / mm / yyyy
			dd / mm / yyyy
			dd / mm / yyyy
			dd / mm / yyyy

Investigation
completed by:

Name:
Email address:

Date: dd / mm / yyyy

Section 5: Action Report Form

Responsible person must sign off acceptance of an action (via electronic signature or a hand-written signature)

Hierarchy of Controls: 1. Elimination 2. Substitution 3. Isolation 4. Engineering 5. Administrative 6. PPE

No	Recommended Actions How can we prevent a re-occurrence? Actions must be Specific, Measurable, Achievable, Reasonable, Time bound	Hierarchy of Controls	Estimated Completion Date	Responsible Person	Signature
1	All personnel will be advised of the non-conditional reporting of incidents	Select... Admin	15/10/2010 dd / mm / yyyy		
2		Select...	dd / mm / yyyy		
3		Select...	dd / mm / yyyy		
4		Select...	dd / mm / yyyy		
5		Select...	dd / mm / yyyy		
6		Select...	dd / mm / yyyy		
7		Select...	dd / mm / yyyy		
8		Select...	dd / mm / yyyy		
9		Select...	dd / mm / yyyy		
10		Select...	dd / mm / yyyy		

Have actions been recorded in or linked to ANSTO Action Tracking Spreadsheet? ☐ Y ☐ N

Section 6: General Manager / Head of Institute Close Out

Lessons learnt at divisional level

Training & communication given to the division on ALL events to be reported.
Clear expectations to be set with ALL personnel in ANSTO Health.

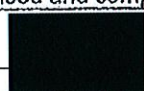
Other comments

The report was completed within 24 hours of the incident. Operator previously would not
consider writing an INFRA report sighting "Insignificant event" Advised the next morning
report was required.

Is a follow-up investigation required? ☐ Y ☒ N

If yes, who will be the lead investigator?

Event report close out (to be actioned when the event report is finalised and complete)

General Manager/Head of Institute Signature: 

Date: dd / mm / yyyy

A copy of this report (and any supporting documentation) MUST be sent to QSERP (eventreports@ansto.gov.au)
faxed to 9717 9266) on completion.

