



Click a category's plus (+) button to view searchable fields. For help, click on a field label or on the Help link.

**General Event Information**

Item Number:

Event Type:  Equipment  Lost/Abandoned/Stolen  Release/Contamination  
 All Checked (And)  Fuel Cycle Process  Medical  Transportation  
 Any Checked (Or)  Leaking Source  Overexposure  Other

Event Date: >=  <=

Discovery Date: >=  <=

Date Reported to Agreement State: >=  <=

Date Reported to NRC: >=  <=

Update Date: >=

Party Involved:

License #:

NRC Docket #:

NRC Program Code:

State:

NRC Region:   All  1  2  3  4  HQ  NR  NA  Foreign

Site of Event:

Narrative:

All words (And)  
 Any words (Or)

Regulated By:  All  Agreement State  NRC  Foreign

NRC Reportable:  All  Yes  No  Uncertain

Agreement State Reportable:  All  Yes  No  Uncertain

AEA Material:  All  Yes  No  Uncertain

Abnormal Occurrence:  All  Yes  No  Potential

Record Complete:  All  Yes  No (includes Info Request Pending)  Info Request Pending  
(Record Complete selections other than "All" are NOT valid for item numbers < 990001)

Event Closed by Region/State:  All  Yes  No

**Cause/Corrective Action/Keywords**

Cause:

Corrective Action:

Keyword:

**Device/Source Details**

Device:

Source:

Manufacturer:

Model Number:

Serial Number:

Radionuclide:

Activity: >=  <=  Ci

IAEA Category:   All  1  2  3  4  5  <5  NR  NA

**Medical Event Details**

Number of Patients: >=  <=  Patients

Therapeutic Procedure:

Organ:

Dose: >=  <=  rad

% Overexposed: >=  <=  %

% Underexposed: >=  <=  %

Diagnostic Study:

Radiopharmaceutical:

**Personnel Overexposure Details**

Number of People: >=  <=  People

Dose: >=  <=  rem

Type of Exposure:

**Release/Contamination Details**

Type of Release/Contamination:

Radionuclide:

Activity: >=  <=  Ci

**Reference Documents**

Reference Document Number:

Type of Report:

**Reporting Requirements**

10 CFR: