



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

Hide All Clear All Count Search

General Event Information

Item Number: [input field]

Event Type: [checkbox] Equipment [checkbox] Lost/Abandoned/Stolen [checkbox] Release/Contamination [checkbox] Fuel Cycle Process [checkbox] Medical [checkbox] Transportation [checkbox] Leaking Source [checkbox] Overexposure [checkbox] Other

Event Date: >= [input] <= [input]
Discovery Date: >= [input] <= [input]
Date Reported to Agreement State: >= [input] <= [input]
Date Reported to NRC: >= [input] <= [input]
Update Date: >= [input]

Party Involved: [dropdown] [input] [Find]
License #: [dropdown] [input] [Find]
NRC Docket #: [dropdown]
NRC Program Code: [dropdown]
State: [dropdown]
NRC Region: [dropdown] [checkbox] All [checkbox] 1 [checkbox] 2 [checkbox] 3 [checkbox] 4 [checkbox] HQ [checkbox] NR [checkbox] NA [checkbox] Foreign

Site of Event: [dropdown]
Narrative: [input]
[radio] All words (And)
[radio] Any words (Or)

Regulated By: [checkbox] All [checkbox] Agreement State [checkbox] NRC [checkbox] Foreign
NRC Reportable: [radio] All [radio] Yes [radio] No [radio] Uncertain
Agreement State Reportable: [radio] All [radio] Yes [radio] No [radio] Uncertain
AEA Material: [radio] All [radio] Yes [radio] No [radio] Uncertain
Abnormal Occurrence: [radio] All [radio] Yes [radio] No [radio] Potential
Record Complete: [radio] All [radio] Yes [radio] No (includes Info Request Pending) [radio] Info Request Pending
Event Closed by Region/State: [radio] All [radio] Yes [radio] No

Cause/Corrective Action/Keywords

Cause: [dropdown]
Corrective Action: [input]
Keyword: [input]

Device/Source Details

Device: [dropdown]
Source: [dropdown]
Manufacturer: [dropdown]
Model Number: [input] [Find]
Serial Number: [input] [Find]
Radionuclide: [dropdown]
Activity: >= [input] <= [input] Ci
IAEA Category: [dropdown] [checkbox] All [checkbox] 1 [checkbox] 2 [checkbox] 3 [checkbox] 4 [checkbox] 5 [checkbox] <5 [checkbox] NR [checkbox] NA

Medical Event Details

Number of Patients: >= [input] <= [input] Patients
Therapeutic Procedure: [dropdown]
Organ: [dropdown]
Dose: >= [input] <= [input] rad
% Overexposed: >= [input] <= [input] %
% Underexposed: >= [input] <= [input] %
Diagnostic Study: [dropdown]
Radiopharmaceutical: [dropdown]

Personnel Overexposure Details

Number of People: >= [input] <= [input] People
Dose: >= [input] <= [input] rem
Type of Exposure: [dropdown]

Release/Contamination Details

Type of Release/Contamination: [dropdown]
Radionuclide: [dropdown]
Activity: >= [input] <= [input] Ci

Reference Documents

Reference Document Number: [input] [Find]
Type of Report: [dropdown]

Reporting Requirements

10 CFR: [input] [Find]