



Reportable Incidents

This form is designed for notifying the Healthcare Facility Regulation Division (HFRD) of reportable sentinel incidents and for the action taken by the facility to identify and address any opportunity to improve care/procedures related to the incident. A separate letter to notify HFRD of such incidents is NOT required.

Directions for completing the X-RAY Incident Reporting Form

Please type or print the information. Be as complete as you can: complete information may allow our staff to review the incident without contacting you for more information. Use a separate report for each incident: overexposure of a patient is one event; high-count film badges of unknown exposure origin are a separate incident.

What should be reported?

1. Any unanticipated patient death/serious harm due to excessive radiation.
2. Misidentification of X-rays resulting in unnecessary surgery leading to problems that could have or did cause a health threat to the patients.

These are examples and are not meant to be an exhaustive list of reportable events.

Facility Information:

Include the name, address, phone number, fax number, and e-mail address of the facility. The license/registration number is on your facility license/certificate. The contact person(s) listed will be the person(s) HFRD will contact should a follow-up phone call be needed.

Reporting Information:

Record the date and time the incident occurred, the date and time you became aware of the incident, and the date and time you are reporting the incident to HFRD, circling am or pm. Check which event you are reporting on the form or hand write it.

Summary of Incident:

Provide a brief summary of the reportable incident: describe what happened, who was involved (i.e. RT, CRTT, X-ray operator, phlebotomist, RN etc) and what action was taken at the time of the event. For example:

"The operator took x-rays of the wrong patient because the patient chart was actually another patients'."

Immediate Corrective or Preventative Action Taken:

Provide a brief narrative of your evaluation of the actions taken in regard to the incident,

Include any action you will take as a result of this review, which could include but is not limited to: inservice & monitoring, revision of policy/procedure, development of policy/procedure, no action required, etc.

Sign and date the form and print your name and title. Return the form via fax to (404) 657-5442. Do not put any information in the box entitled "For Department Use Only".

Thank you for your cooperation.



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

Rhonda M. Medows, M.D., Commissioner

Sonny Perdue, Governor

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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

_____ 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

