

State of New York
RADIATION INCIDENT ANOMALY REPORT

Reporting Officer		Agency		
Date	Time	Troop	Station	Telephone

PRD Make	PRD Model	Serial #	Reading (Include Alarm CPS and Scale)
RIID Make	RIID Model	Serial #	Reading(Include Neutron CPS, Scale and Source Distance)

1. SPECIFIC LOCATION

Incident Address (Street No., Street Name, Bldg. No., Apt. No.)	City / Town / Village	County
Business Name	Coordinates (GPS)	Location Code

2. DESCRIPTION OF INCIDENT / SOURCE AND LOCATION (include proximity to critical infrastructure)

Person (Name)	Date of Birth		
Property (description)			
Building (description)			
Vehicle Year	Vehicle Make	Registration	State
Environment (describe conditions)			
Unknown			

3. AGENCY RESPONSE TO SCENE (check all that apply and include names where possible)

Local Police	Federal Agency
County Police/ Sheriff	Bomb Tech
State Police	HazMat
Other	

4. OUTCOME (check appropriate box – include type of emission if known – gamma, neutron, etc.)

Medical – Confirmed	SNM
Medical – Unconfirmed	Medical Unlicensed
Industrial	Industrial Unlicensed
Naturally Occurring	Unknown/Other
Legitimate Shipment	

5. ADDITIONAL INFORMATION (manifest/ placarding/ presence of fire/ physical hazards, etc.)

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