

**RADIOLOGICAL OCCURRENCE REPORT**

<input type="checkbox"/> <b>OBSERVATION</b> <input type="checkbox"/> <b>DEFICIENCY</b> <input type="checkbox"/> <b>VIOLATION</b>	REPORT NO.
TO (PRINCIPAL INVESTIGATOR):	DATE:    /    /
OCCURRENCE OBSERVED BY:	LOCATION:
<b><u>PART I:</u></b> Description of Radiological Occurrence:  <hr/> Immediate Corrective Actions Taken:     <div style="text-align: right; margin-right: 100px;">           Signature: _____ Date: ____ / ____ / ____ .  <i>RSO / Consultant</i> </div>	
Long Term Corrective Actions (if required):    <hr/> <b><u>PART II:</u></b> <b>P.I. RESPONSE:</b> (Please complete this section if VIOLATION is checked above and return to the RSO within 3 working days of notification. Repeated occurrences may warrant issuance of a Radiological Violation. No response necessary for an OBSERVATION OR DEFICIENCY checked above.)          <div style="text-align: right; margin-right: 100px;">           Signature: _____ Date: ____ / ____ / ____ .  <i>Principle Investigator</i> </div>	
<b><u>PART III:</u></b> RUC Disposition:     <div style="text-align: right; margin-right: 100px;">           Signature: _____ Date: ____ / ____ / ____ .  <i>RUC Chairperson</i> </div>	