

RADIOACTIVE COMMODITY INCIDENT REPORT

For use of this form, see DA PAM 700-48; the proponent agency is DCS, G-4.

1. UNIT	2. STATION	
3. UNIT DESIGNATION	4. APO	
5. INCIDENT LOCATION	6. DATE (YYYYMMDD)	7. TIME

8. COMMODITIES INVOLVED				
a. ITEM	b. NSN	c. SERIAL & CELL NUMBERS	d. QUANTITY	e. PHYSICAL CONDITION

9. DESCRIPTION OF INCIDENT *(List all persons involved. If more space is needed, continue on following page.)*

10. ACTIONS TAKEN AND PLANNED *(Include type of investigation planned)*

11. SPECIFY ASSISTANCE CURRENTLY REQUIRED

12. POINTS OF CONTACT	
a. UNIT COMMANDER	b. TELEPHONE NUMBER AND FAX NUMBER
c. UNIT LRPO	d. TELEPHONE NUMBER AND FAX NUMBER
e. PRINTED NAME <i>(Individual completing form)</i>	f. TELEPHONE NUMBER AND FAX NUMBER
g. SIGNATURE	h. DATE (YYYYMMDD)

9. DESCRIPTION OF INCIDENT *(Continued)*