

RADIOACTIVE COMMODITY INCIDENT REPORT

For use of this form, see DA PAM 700-48; the proponent agency is ODCSLOG

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 <i>(List all persons involved. If more space is needed, continue on following page.)</i>				
10. ACTIONS TAKEN AND PLANNED <i>(Include type of investigation planned)</i>				
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)*