

3/13/00 Evt. Dist.
cc: P Larkin
L Rakoran, MSPO
INSEL

Event Reporting Handbook

EVENT REPORT COVER PAGE

AGREEMENT STATE

EVENT REPORT ID NO. KY - 00 - 003
(State\Yr.\No.)

DATE: March 9, 2000

TO: Paul Lohaus
Director
Office of State Programs

SUBJECT: Wreck of Van Carrying Radiopharmaceuticals

STATE: Kentucky

Signature and Title:



Vicki D. Jeffs, Supervisor

Radioactive Materials Section

Radiation Health and Toxic Agents Branch

00 MAR 13 PM 4:00
DSP

EVENT REPORT

ESTIMATED BURDEN PER RESPONSE TO COMPLY WITH THIS INFORMATION COLLECTION REQUEST: 1 HOUR. THIS INFORMATION IS REQUESTED TO ASSESS MATERIALS EVENTS AND EVALUATE ACTIONS NECESSARY TO PREVENT THEIR RECURRENCE. FORWARD COMMENTS REGARDING BURDEN ESTIMATE TO THE INFORMATION AND RECORDS MANAGEMENT BRANCH (T-8 F33), U.S. NUCLEAR REGULATORY COMMISSION, WASHINGTON, DC 20555-0001, AND TO THE PAPERWORK REDUCTION PROJECT (3150-0178), OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

<input checked="" type="checkbox"/> LICENSEE Associated Courier		CITY AND STATE Shelbyville, KY		ORIGINAL ITEM NUMBER	
TYPE OF LICENSE (i.e., Field Radiography, Private Practice Medical, etc.)		LICENSE NUMBER		THIS ITEM NUMBER	
ABNORMAL OCCURRENCE YES <input checked="" type="checkbox"/> NO	FOLLOW-UP REPORT YES <input type="checkbox"/>	ISOTOPE various	TYPE OF ISOTOPE <input checked="" type="checkbox"/> AEA MATERIAL <input checked="" type="checkbox"/> ACCELERATOR PRODUCED <input type="checkbox"/> NORM	DATE OF EVENT March 6, 2000 DATE OF THIS REPORT March 9, 2000	
AMOUNT OF RADIOACTIVE MATERIAL (If amount of material is below exempt quantity, do not complete this form)					
<input type="checkbox"/> < 1 MILLICI <input type="checkbox"/> 1 MILLICI - < 100 MILLICI	<input type="checkbox"/> 100 MILLICI - < 1 CI <input type="checkbox"/> 1 CI - < 10 CI	<input type="checkbox"/> 10 CI - 100 CI <input type="checkbox"/> > 100 CI	<input type="checkbox"/> UNKNOWN		
EVENTS INVOLVING OVEREXPOSURE					
NUMBER OF OVEREXPOSURES	TYPE OF INDIVIDUAL EMPLOYEE MINOR EMPLOYEE EMBRYO/FETUS PUBLIC	EVENT LOCATION RESTRICTED AREA UNRESTRICTED AREA CONTROLLED AREA	DOSE TO WHOLE BODY LENS OF EYE EXTREMITY SKIN ORGAN	DOSE	RAD REM
LEAKING SOURCE					
<input type="checkbox"/> LOST OR STOLEN MATERIAL					
EVENT <input type="checkbox"/> LOST <input type="checkbox"/> FOUND <input type="checkbox"/> THEFT <input type="checkbox"/> THEFT, WITH FORCE		EVENT LOCATION FIXED SITE TEMPORARY JOB SITE LICENSED VEHICLE COMMERCIAL CARRIER OTHER (Specify)		PROBABLE DISPOSITION <input type="checkbox"/> WELL LOGGING RECOVERED SOURCE <input type="checkbox"/> WELL LOGGING IRRETRIEVABLE SOURCE <input type="checkbox"/> COMMERCIAL WASTE <input type="checkbox"/> INCINERATOR <input type="checkbox"/> SCRAP METAL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Specify)	
RELEASE OF MATERIALS					
FORM <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS		EVENT SPILL TRANSPORTATION OTHER (Specify)		LOCATION RESTRICTED AREA UNRESTRICTED AREA CONTROLLED AREA	
EVENTS INVOLVING FACILITIES					
<input type="checkbox"/> FIRE <input type="checkbox"/> DAMAGE TO DEVICE <input type="checkbox"/> EXPLOSION		<input type="checkbox"/> SPILL <input type="checkbox"/> > 24-HOUR DENIAL OF ACCESS <input type="checkbox"/> DAMAGE TO SAFETY EQUIPMENT		<input type="checkbox"/> OTHER (Specify)	
EVENTS INVOLVING GAUGES			EVENTS INVOLVING RADIOGRAPHY		
TYPE <input type="checkbox"/> GENERAL LICENSE <input type="checkbox"/> EXEMPT <input type="checkbox"/> SPECIAL LICENSE <input type="checkbox"/> FIXED <input type="checkbox"/> PORTABLE		EVENT SHUTTER MOISTURE/DENSITY GAUGE DAMAGE LOST/STOLEN OTHER (Specify)		LOCATION <input type="checkbox"/> FIXED <input type="checkbox"/> TEMPORARY JOB SITE	
				EVENT <input type="checkbox"/> SOURCE DISCONNECT <input type="checkbox"/> SOURCE NOT RETURNED TO FULLY SHIELDED POSITION <input type="checkbox"/> CABLE FAILURE <input type="checkbox"/> FAILURE TO FOLLOW PROCEDURES	
EVENT INVOLVING AN IRRADIATOR		MANUFACTURER		MODEL SERIAL NUMBER	
EVENTS INVOLVING TELETHERAPY					

ABSTRACT (Include the cause of the event(s) and licensee corrective action. May be continued on the reverse side)

See attached.

Kentucky Event Report No. KY-00-003

On March 6, 2000 at approximately 4:30 a.m. a van carrying radiopharmaceuticals wrecked on Interstate Highway 64 at Shelbyville, Kentucky. The van was owned by Associated Couriers. Apparently the van was traveling eastbound on the interstate and lost a wheel. This caused the van to cross the median, overturn several times and land on the bank of the westbound lanes. Only the driver was injured and was transported to the hospital with non-life threatening injuries.

Kentucky Radiation Control Program staff responded to the scene. After determining there was no contamination on the ground and nothing leaking from the van, the van was transported to a nearby fire station. Jaws of life were used to open the back door of the van and each package removed and surveyed individually. The van was carrying 10 returned generators and 3 "live" generators for delivery, along with various packages containing thallium-201, gallium-67, iodine-123 and iodine-131.

Two generators' packaging was destroyed, however, the generators were not damaged.

The van was surveyed inside and, with no contamination found, was released for towing. All packages were transported to a nuclear pharmacy.