



**Radiation Safety Improvement Program Report**

Section A		To be completed by the person initiating this report		
Initiated By		Telephone Number	E-Mail Address	
Mailing Address				
Date and Time of Report	Location of Occurrence		Date & Time of Occurrence	
Description:				

Section B		To be completed by the RSO			
RIPR Number		Category		Date & Time Received	
Reference Documents					
Date & Time of RSC Chairman Notification (Category I, II, or III only)					
Comments/Additional Information					
Improvement Plan Attached (yes/no)	Completion Target Date	Number of Pages Attached		Actual Completion Date	

Section C		RADIOLOGICAL IMPROVEMENT PROGRAM REPORT CLOSURE		
RSO Signature		Date		
RSC Chairman Signature		Date		