Research Safety
Office of Research
UNIVERSITY OF GEORGIA

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**	