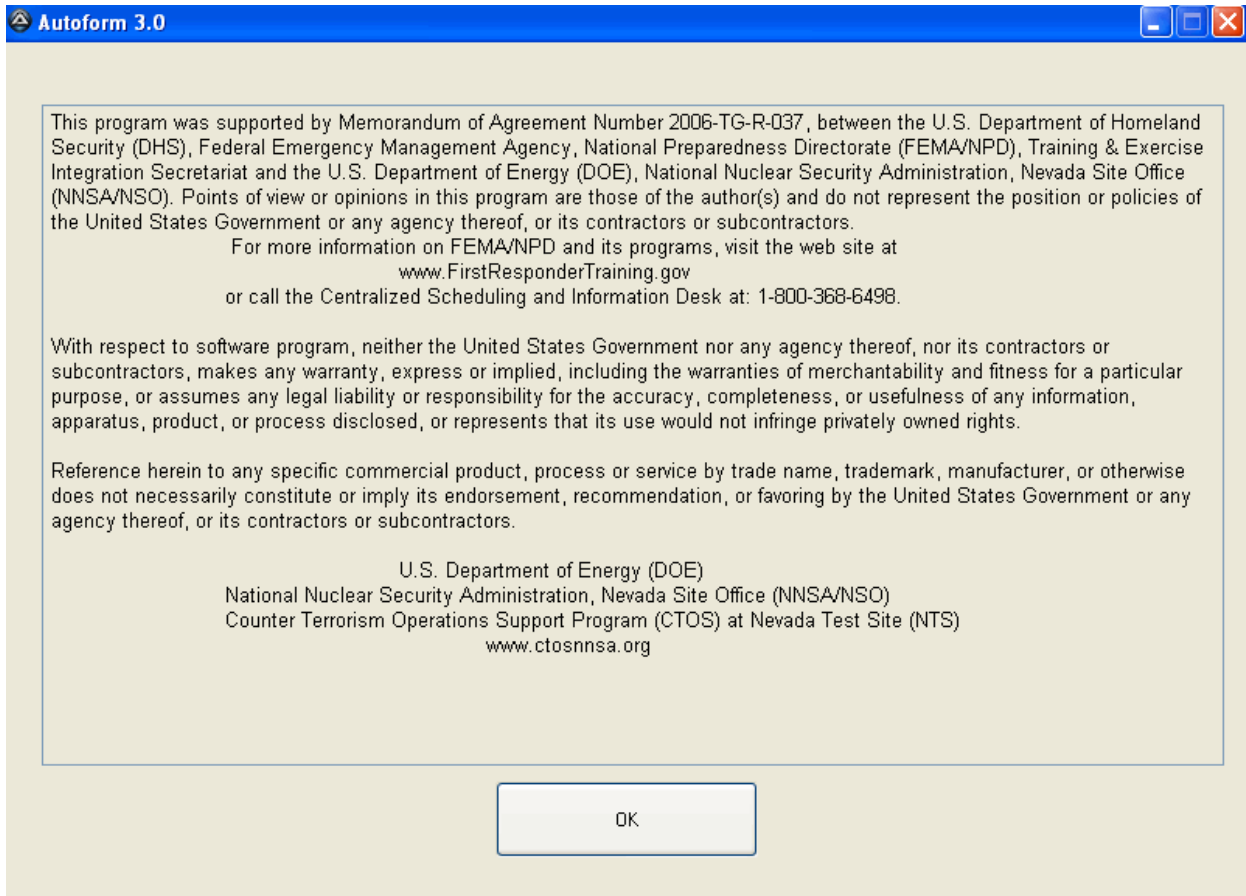


JAC Initial Incident Report Autoform 3.0 Screen Captures (autoform30.exe)



Startup Page



Disclaimer Information

Caller Information

Cancel

Caller Information For Training Purposes Only

Date:

Time:

Name:

Agency:

Contact Number:

Contact E-mail:

Next

1 of 7

Incident Information

Date of Incident:

Time of Incident:

Location:

Law Enforcement Actions:

DOT#, License
Plate #, vehicle
placards, med
patient
paperwork from
Doctor,
suspicious
activity, general
circumstances

2 of 7

Primary Screening 1 1 of 1

Date Acquired Equipment Type

Time Acquired Gamma/Neutron Present?

Gamma

Neutron

Both

Serial #

Dose Rate and distance from source Neutron Counts Per Second

Exact location of radiation reading:

Radiation Readings from Equipment Units

Gamma:

Neutron:

Distance from Source:

Back Another Primary Screening Measurement Finished with Primary Screening

Primary Screening 1 - Page 3 of 7 (Note this page can be repeated as needed if they need to enter more than one set of screening results to report.)

Primary Screening 1 2 of 2

Primary Screening 2

Date Acquired Equipment Type

Time Acquired Gamma/Neutron Present?

Gamma

Neutron

Both

Serial #

Dose Rate and distance from source Neutron Counts Per Second

Exact location of radiation reading:

Radiation Readings from Equipment Units

Gamma:

Neutron:

Distance from Source:

Back Another Primary Screening Measurement Finished with Primary Screening

Secondary Screening 1

Secondary Screening 1 < > 1 of 1

Date Acquired Equipment Type

Time Acquired Gamma/Neutron Present?

Gamma

Neutron

Both

Serial #

Exact location of radiation reading:

Radiation Readings from Equipment Units

Gamma:

Neutron:

Distance from Source:

Back Another Secondary Screening Measurement Finished with Measurements

Make and Model of RIID, 3-5 minute samples for background, known/check, and unknown spectra, distance from source when taking readings

Secondary Screening 1 - Page 4 of 7 (Note this page can be repeated as needed if they need to enter more than one set of screening results to report.)

Secondary Screening 1

Secondary Screening 2 < > 2 of 2

Date Acquired Equipment Type

Time Acquired Gamma/Neutron Present?

Gamma

Neutron

Both

Serial #

Exact location of radiation reading:

Radiation Readings from Equipment Units

Gamma:

Neutron:

Distance from Source:

Back Another Secondary Screening Measurement Finished with Measurements

Make and Model of RIID, 3-5 minute samples for background, known/check, and unknown spectra, distance from source when taking readings

Identification Results1

Identification Results 1 < > 1 of 1

Isotope(s)	Type	Confidence
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unknown
Sample Filename: File #:

Back Additional Identification Results Finished with Identification Results

Identification Results 1 - Page 5 of 7 (Note this page can be repeated as needed if they need to enter more than one set of identification results to report.)

Identification Results1

Identification Results 2 < > 2 of 2

Isotope(s)	Type	Confidence
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unknown
Sample Filename: File #:

Back Additional Identification Results Finished with Identification Results



Background and Calibration Spectrum Data Files

Background

Filename:

File #:

Calibration Sample

Filename:

File #:

Calibration Source

Used (Isotope):

Distance
from source:

Units:

Back

Next

6 of 7

Description / Manifest

Enter a description of the suspect material, or if pictures were taken, enter the filenames of the pictures

Manifest list available? If "Yes", e-mail JAC at DNDO.JAC@HQ.DHS.GOV or fax @1-202-254-7753 or request information over telephone @1-877-DNDO-JAC (1-877-363-6522)

Manifest Information

Any other key information about this incident?

7 of 7

Back Finish

Description-Manifest Information – Page 7 of 7

Saving Report File

Filename: IncidentRpt_02-11-2010_1608_07.txt

Format: IncidentRpt_MM-DD-YYYY_HourMinutes_Seconds

Saved Location: C:\Program Files\Reachback\IncidentReports\

OK Cancel

Saving Report File – End of Program. Denotes the report file name and where the file is stored/archived.