

KSC Radiation Protection Program Radiography Notification Record

If completed by other than Environmental Health, prepare in duplicate. Original copy MUST be sent to BOC Health Physics Branch.

Notification Given By Name _____ Organization _____
Date _____ Time _____
Taken By _____

Job Location KSC CCAFS Area/Building _____
Organization _____ Radiographers _____
Phone Number _____
Operation Date _____
Time (From/To) _____
Operation _____

Machine Manufacturer/Model _____ Material Isotope _____
kV _____ Activity _____
mA _____

Number of Exposures _____ Exposure Time _____

Completion/Cancellation Notification

Given By DAN DUPREY Time 0700 Date 1/4/00
Taken By DOUG KAWES

Pocket Dosimeter Exposure Data

Name _____ Net Total (mR) _____

HP Support Yes No Supervisor _____ Technician _____
Date 1/4/00 Time (From/To) _____

Comments
RADIOGRAPHY SCHEDULED FOR 1/4/00 HAS
BEEN CANCELLED

Revised on 11 FEB 8 Dean O'Hara 1/7/99
cc R _____
1/7/99