

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 Don Dupuy Organization SGS-330/Wyle
Date 3/9/00 Time 1500
Taken By RE Castle, PSO

Job Location KSC CCAFS Area/Building Area 55, CC 13, FL
Organization Wyle Laboratories Radiographers L. Rose & G. Hardaway
Phone Number (321) 861-5158
Operation Date March 10, 2000
Time (From/To) 0800-1530
Operation Radiograph Delta Fuel valves

Machine Manufacturer/Model _____ Material Isotope I-192
KV _____ Activity 25 ci
mA _____
License # FL 2953-1

Number of Exposures 4 Exposure Time 4min/exp (16min)

Completion/Cancellation Notification

Given By _____ Time _____ Date _____
Taken By _____

Pocket Dosimeter Exposure Data

Name _____ Net Total (mR) _____

HP Support Yes No Supervisor _____ Technician _____
Date _____ Time (From/To) _____
Comments _____

LEN # 000005 3/9/00

Diane Heim

D. M. Heim
LA/DNMS

Total Days 4