

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 DAN SUPRY Organization Wyle-321
 Date 3/13/00 Time 11:00 A.M.
 Taken By Greg Krauss

Job Location KSC CCAFS Area/Building AREA 55 'CCAFS.
 Organization WYLE LABORATORIES Radiographers L. ROSE, R. WELCH JR
 Phone Number 321-861-5158
 Operation Date 3/14/00
 Time (From/To) 0830-1530
 Operation RADIATION OF REGULATOR VALVE

Machine Manufacturer/Model _____ Material Isotope IRIDIUM 192
 kV _____ Activity 62 Ci
 mA _____

Number of Exposures _____ Exposure Time _____

Completion/Cancellation Notification

Given By _____ Time _____ Date _____
 Taken By _____

Pocket Dosimeter Exposure Data

Name _____ Net Total (mR) _____

HP Support Yes No Supervisor _____ Technician _____
 Date _____ D. M. Heim) _____
 Comments _____ LADNMS _____
D. M. Heim LRA # 000005
3/14/00 Total 5 days