

KSC Radiation Protection Program Radiography Notification Record

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

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

Job Location KSC COAFS 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 11/4/00
Taken By DOUG KAHN ES

Pocket Dosimeter Exposure Data

Name _____ Net Total (mR) _____

HP Support Yes No Supervisor _____ Technician _____
Date 11/4/00 Time (From/To) _____

Comments RADIOGRAPHY SCHEDULED FOR 11/4/00 HAS
BEGUN CANCELLED

Reviewed on 11/17/99 by DEAN O'HEIN
cc R _____