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 ☐ 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 Dupuy Time 0700 Date 1/4/00
Taken By Doug Krauss

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

Re... on II NE 5 Dean O. Heim 1/7/99
cc R___
1/7/99

KSC FORM 28-184 (REV. 8/93)

NE05
ML003678456