TEXAS

EMERGENCY MANAGEMENT

PROCEDURES

PROCEDURE 5

PERSONNEL MONITORING AND DECONTAMINATION

Radiological Emergency Procedures of the Radiation Control Program
Texas Department of State Health Services

PROCEDURE 5

PERSONNEL MONITORING AND DECONTAMINATION

APPROVAL AND IMPLEMENTATION

This procedure is hereby approved for implementation and supersedes all previous editions.

06/02/2005
Date

/s/ Richard Ratliff
Radiation Program Officer
Radiation Control Program
Texas Department of State Health Services

DATE OF CHANGE	*INITIALS AND DATE ENTERED*
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TABLE OF CONTENTS

Section Page

I. Purpose....2

II. Discussion....2

III. References....2

IV. Equipment Required....2

V. Precautions and Limitations....4

VI. Prerequisites....5

VII. Procedures....6

VIII. Acceptance Criteria....16

ATTACHMENTS TO PROCEDURE 5:

Attachment 1: Personnel Decontamination Record (CI-2)....19

Attachment 2: Medical Support Facilities....21

PERSONNEL MONITORING AND DECONTAMINATION

I. Purpose

This procedure provides guidelines for the monitoring and decontamination of emergency workers and members of the general public.

II. Discussion

The actual method or combination of methods to be used for personnel decontamination can be selected only when the specific location and extent of contamination are known. The general approach to personnel decontamination should be to use the simplest, mildest method first and proceed with harsher methods only if needed. Extreme methods and materials marked by and asterisk in this procedure should be implemented only by, or under the direct supervision of a Decontamination Supervisor. The Decontamination Supervisor should be either a health physicist, a radiation protection technologist, or a medical professional with specific training relating to managing radiologically contaminated patients.

III. References

A. NCRP Report Number 65, Management of Persons Accidentally Contaminated with Radionuclides, issued April 15, 1980

B. Handling the Radiation Accident Victim, Texas Department of State Health Services

C. Radiological Health Handbook, U.S. Department of Health, Education, and Welfare, Revised 1970

IV. Equipment Required

A. Ludlum 14-C with 44-9 pancake probe or 44-40 shielded pancake probe, or equivalent instrument and probe may be used.

B. Ludlum model 43-2 alpha scintillation probe, or equivalent alpha detecting probe if alpha contamination is suspected

C. Form CI-2, Personnel Decontamination Record

D. Pen or pencil

E. Cotton tipped swabs

F. Pre-printed adhesive sample labels

G. Zip-lock plastic bags (1-pint capacity)

H. Form EP-6, Radionuclide Analysis Report

I. Mild liquid soap (such as Phisoderm or Ivory Liquid)

J. Mild bar soap (such as Ivory)

K. Abrasive bar soap (such as Lava or equal mix of a powdered detergent such as Tide and coarse-ground cornmeal)

L. Shampoo

M. Soft bristle brushes (such as surgeon's brushes)

N. Cotton balls

O. Absorbent cotton pads

P. Towels

Q. Skin conditioning cream

R. NCRP Report Number 65

S. Distilled water

T. Potassium permanganate *

U. Titanium dioxide *

V. 0.2 Normal sulphuric acid *

W. Sodium acid sulfite *

X. Scissors *

Y. Paper coveralls or replacement clothing

Z. Plastic bags, twist ties and label for contaminated clothing

V. Precautions and Limitations

A. Monitoring

1. All persons should be cautioned against eating, drinking or smoking until they have been monitored and decontaminated if necessary.

2. Monitoring should be done in a low background area (less than 0.05 mrem per hour.)

3. The presence of any contamination in or around the nose or mouth should be considered as evidence of possible ingestion or inhalation of contaminants. Ingestion or inhalation of contaminants may still have occurred even though no such external evidence is present.

4. Bioassay should be performed in every instance where ingestion or inhalation of contaminants other than noble gases is suspected. Consult the Decontamination Supervisor or consult NCRP-65 for appropriated type and interval. Note required bioassay procedure(s) on Form CI-2, Personnel Decontamination Record

5. Maximum thyroid uptake values for radioiodines will not be reached until about 12 hours following exposure.

6. When gamma-emitting radionuclides have been ingested or have been inhaled and sufficient time has occurred for some clearance from the lung into the gastrointestinal tract (one hour), detection of gamma activity over the abdomen or chest may be falsely interpreted as being due to skin contamination. Ingestion or inhalation should be suspected when skin decontamination procedures are ineffective in these areas.

B. Decontamination

1. Personnel performing the decontamination should wear protective clothing as necessary to prevent self contamination

2. An inspection for minor wounds such as cuts and abrasions should be made. If any are found, they should be protected from becoming contaminated or more contaminated during decontamination.

3. Any decontamination agent or method, which appears to cause skin reddening or irritation should be discontinued immediately.

Note: Skin irritation is easily underestimated because signs of excessive decontamination effort will be more evident 24 hours later than at the time the decontamination is going on. If high levels of activity remain on the skin, it will probably be prudent to resort to mild decontamination efforts 2 or 3 times per day rather than to a single intensive effort.

4. Caution should be exercised during the decontamination process to prevent decontamination liquids from entering uncontaminated body openings.

5. To reduce the possibility of contaminants entering skin pores that have opened due to use of water that is too warm, use tepid water for decontamination solutions and for rinsing.

6. Decontamination of spotty personnel contamination should be performed carefully to prevent the spread of contamination. High activity areas should be decontaminated first.

7. Care should be taken any time contaminated skin is rubbed to prevent imbedding the contamination in the skin.

8. Contaminated areas should be resurveyed frequently during decontamination efforts to determine decontamination effectiveness.

9. All decontamination should be done in an area where liquids drain to a septic system or a holding tank.

10. All swabs, towels and other materials used during decontamination should be monitored following use. Dispose of contaminated items in a properly marked bag.

11. Use common sense along with these instructions. If the procedure calls for covering an individual's face with a towel, but you are attempting to decontaminate his beard or mustache, forget the towel.

VI. Prerequisites

A. Monitoring: An instrument operability check has been performed and a properly functioning instrument with a probe capable of detecting the anticipated type and level of contamination is being used.

B. Decontamination: A contamination survey has shown the presence of gamma or beta-emitting contamination exceeding 0.1 mr/hour above background using an instrument capable of measuring 0.05 mr/hour, such as the Ludlum 14-C or equivalent instrument, or the presence of any alpha-emitting contamination.

VII. Procedures

Monitoring Procedure

NOTE: The following steps are intended primarily for monitoring possible gamma or beta contamination. If any possibility of alpha contamination exists, follow the same steps, but use the 43-2 alpha scintillation probe and hold the probe just out of contact with the body or clothing of the individual.

A. Have individual stand with feet about 18 to 24 inches apart and with arms out away from the sides of the body.

B. Being careful to avoid contact with the body or clothing of the individual, hold the probe within 1" of the surface being monitored and perform the following monitoring steps.

1. Start monitoring at the top of the head, moving the probe slowly downward on one side of the neck.

2. Moving downward, monitor the collar, shoulder, arm, wrist, back of hand, fingers, palm, underarm, armpit, side, leg, cuff or ankle, and side and sole of shoe or foot.

3. Monitor the insides of the legs.

4. Monitor the other side of the body starting with the sole of the shoe or foot and reversing the process shown in step 2 above.

5. Monitor the front and back of the body by starting at the head and sweeping the probe slowly from side to side and downward until the entire body has been covered. Pay particular attention to the facial area for any indication of deposition in the eyes, nostrils or mouth. Other areas to which special attention should be given are the neck, waist, and under the fingernails.

C. If contamination is detected at any point on the body, return to that point and hold the probe in place for 3 to 5 seconds to allow time for full meter response.

Note: If any alpha contamination is detected, move the probe away from the individual and recheck background reading. Background readings for alpha radiation should always be zero. If any background alpha radiation is indicated, recheck the instrument for a light leak in the probe or a bad cable connection.

D. If any question exists concerning whether contamination is on clothing or on the body, have the individual remove the clothing in accordance with instructions in the decontamination section of this procedure, and resurvey the individual.

E. If beta or gamma contamination at any location exceeds 0.1 mr/hr, or if any alpha contamination is detected, initiate form CI-2, Personnel Decontamination Record. Note location and intensity of contamination on page 2 of the form.

F. If contamination is detected in or around the nose, notify the Decontamination Supervisor and submit nasal swabs for analysis.

1. Nasal swabs should be taken prior to showering or washing the face.

2. To avoid cross contamination from materials on the individual's hands or clothing, swabs should be taken by the monitor or the Decontamination Supervisor rather than by the individual.

3. Using a separate, moist, clean cotton tipped swab for each nostril, rotate the tip gently over the accessible surfaces.

4. Bag and label each swab separately, but tape the two bags together for submission to the lab.

5. Fill out form EP-6, Radionuclide Analysis Report, attachment 7 in procedure 10, and submit it to the Sample Preparation and Coordination team along with the swabs.

Decontamination Procedure

1. Contamination on Clothing and Skin

   A. Because loosely adhering contaminants may be dislodged during the process of removing clothing, all disrobing should be done in areas designated for that purpose; where contamination can be confined, and which can readily be decontaminated once personnel monitoring and decontamination has been completed. Access to these areas should be restricted to the contaminated individuals, the monitoring team, and the Decontamination Supervisor.

   B. Instruct individual to remove the contaminated article(s) of clothing, being careful to avoid any unnecessary contact between the contaminated item and the skin, and being careful not to shake contamination off the clothing during the process.

   C. Resurvey the individual's hands, the portion of the body which was covered by the contaminated clothing, and other parts of the body which may have become contaminated during the process of removing clothing.

   D. Provide the replacement articles of clothing as available and appropriate.

   E. All garments with contamination levels exceeding those cited in Section VIII, Acceptance Criteria, should be either disposed of as contaminated waste, or bagged, labeled, and sent to a laundry licensed to process and handle radioactively contaminated clothing. Labels should include the name and address of the owner so that clothing can be returned or reclaimed following decontamination.

   F. Garments with contamination that does not exceed the limits cited in Section VIII, Acceptance Criteria, may be bagged and returned to the individual with instructions to launder the garments prior to any future use.

2. Contamination on Clothing

   A. Because loosely adhering contaminants may be dislodged during the process of removing clothing, all disrobing should be done in areas designated for that purpose; to which contamination can be confined, and which can readily be decontaminated once personnel monitoring and decontamination has been completed. Access to these areas should be restricted to the contaminated individuals, the monitoring team, and the Decontamination Supervisor.

B. Instruct the individual to remove the contaminated article(s) of clothing, being careful to avoid any unnecessary contact between the contaminated item and the skin, and being careful not to shake contamination off of the clothing during the process.

C. Resurvey the individual's hands, the portion of the body that was covered by the contaminated clothing, and other parts of the body that may have become contaminated during the process of removing clothing.

D. Provide the replacement articles of clothing as available and appropriate.

E. All garments with contamination levels exceeding those cited in Section VIII, Acceptance Criteria, should be either disposed of as contaminated waste or bagged, labeled and sent to a laundry licensed to process and handle radioactively contaminated clothing. Labels should include the name and address of the owner so that clothing can be returned or reclaimed following decontamination.

F. Garments with contamination that does not exceed the limits cited in Section VIII, Acceptance Criteria, may be bagged and returned to the individual with instructions to launder the garments prior to any future use.

3. Contamination on Skin

A. Hand Contamination

1. Instruct the individual to wash his hands with a mild soap and warm water, using a soft bristle brush around the fingernails, if necessary.

2. Instruct the individual to gently dry his hands.

3. Survey the hands.

4. If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review. Otherwise, continue with step 5.

5. Repeat steps 1 thru 3 a maximum of two additional times.

6. If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review. Otherwise, continue with step 7.

7. Instruct the individual to wash his hands with an abrasive soap, being careful not to abrade the skin, up to a maximum of three times, drying and surveying the hands after each washing. (An equal mix of powdered detergent and coarse-ground cornmeal serves as an excellent substitute for abrasive soap when moistened to a thick paste. Since the paste becomes less and less abrasive with continued use there is less likelihood of causing serious skin irritation through too vigorous a scrubbing action.)

8. If the acceptance criteria in Section VIII have been satisfied, apply skin conditioning cream if needed, complete and submit the Personnel Decontamination Record for review. Otherwise, notify the Decontamination Supervisor.

B. Hair Contamination

1. Place cotton in the individual's ears, and towels around his neck and over his face. Instruct the individual to close his eyes and mouth.

2. Instruct the individual to perform the following steps. Provide assistance if required.

   a. Bend over a sink and use just enough water to wet contaminated hair. (This can also be done in the shower with the individual bent over from the waist.)

   b. Apply shampoo and work up a heavy lather, massaging for several minutes.

   c. Use just enough water to rinse the lather from the hair.

   d. Dry the hair with a clean towel.

3. Survey the hair.

4. If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review. Otherwise, continue with step 5.

5. Repeat steps 1 thru 3 a maximum of two additional times.

6. If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review. Otherwise, continue with step 7.

7. It may be necessary to trim away contaminated hair with scissors, surveying as necessary, until the acceptance criteria in Section VIII have been satisfied. This should be done only with the express consent of the individual or the parent of guardian of a minor, and then only following verification by the Decontamination Supervisor that such action is necessary. If trimming reduces contamination to acceptable levels, complete and submit Personnel Decontamination Record for review. If acceptance criteria cannot be satisfied, notify the Decontamination Supervisor.

C. Eye, Ear, Nose, or Mouth Contamination

1. Contamination in or around the eyes:

a. Hold the probe in front of one eye.

b. Instruct the individual to close his eyelid for several seconds and then open it. For alpha or beta contamination, if the count rate is the same with the eyelid open and closed, the contamination is probably on the eyelid. If the count rate is higher with the eyelid open, the contamination is in the eye. For gamma contamination, closing the eyelid probably will not change the count rate in either case.

c. Repeat steps a and b for the other eye.

d. Attempt to remove contamination from an eyelid with cotton balls slightly moistened (not dripping) with water. If contamination is not removed in three attempts, contamination is probably in the eye. Notify the Decontamination Supervisor and proceed with step e.

e. For contamination in the eyes, do not attempt any decontamination procedure other than simple flushing.

(1) Place cotton in the ear openings to prevent entry of contaminated water during the flushing process.

(2) Have the individual sit and turn his head to one side.

(3) Have the individual tilt his head back and, being careful not to let contaminated water run into the tear duct, flush the eye on the downward side with a gentle stream of tepid water. During this process, instruct the individual to keep his eyes open and to roll them up and down and from side to side.

(4) Have the individual turn his head to the other side and repeat the flushing process for the other eye if contamination was detected there also.

(5) Have the individual gently dry his face and resurvey the eye(s).

(6) If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review. If the acceptance criteria have not been satisfied, notify the Decontamination Supervisor. Do not repeat the decontamination process without the Supervisor's approval and the individual's consent.

2. Contamination in or around the ears:

a. Place cotton in the ear opening.

b. Clean around the ear and in the folds of the ear using cotton tipped swabs moistened with water or a water/soap solution. Rinse if necessary, dry, and survey. Repeat a maximum of two additional times if needed.

c. If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review.

d. If the acceptance criteria have not been satisfied and/or contamination in the ear opening is suspected, notify the Decontamination Supervisor.

3. Contamination in or around the nostrils:

a. Contamination outside the nostrils may be removed by washing with soap and water, being careful that water doesn't enter the nostrils or mouth.

b. For contamination inside the nostrils, first have the individual attempt to remove the contamination by simply blowing his nose with moderate force.

c. If contamination levels are still above acceptable limits, have the individual use additional moist, clean cotton tipped swabs as was done for nasal swab collection during the initial monitoring process. (The individual's hands should first be monitored and decontaminated if necessary to prevent cross contamination.)

d. If the acceptance criteria in Section VIII have been satisfied, complete and submit the Personnel Decontamination Record for review.

e. If the acceptance criteria have not been satisfied, notify the Decontamination Supervisor.

4. Contamination in the mouth:

a. Instruct the individual to try to refrain from swallowing.

b. With the individual's head down over a sink, instruct the individual to flush his mouth repeatedly with water.

c. Do not permit smoking, eating, or drinking and notify the Decontamination Supervisor. This individual must be referred to a qualified physician or medical facility for treatment.

D. Spotty Skin Contamination

1. Slightly moisten an absorbent cotton pad with water or a water/soap solution.

2. Gently rub the pad in a circular motion for one to two minutes over a contaminated skin area.

3. Wipe the area with a second absorbent pad slightly moistened with water and gently dry.

4. Survey the area and surrounding skin areas that may have become contaminated.

5. If the acceptance criteria in Section VIII have been satisfied, repeat steps 1 thru 4 for any other contaminated skin areas performing the decontamination cycle a maximum of three times in any one area.

6. If the acceptance criteria in Section VIII have been satisfied after all contaminated skin areas have been decontaminated, complete and submit form CI-2, Personnel Decontamination Record for review. Otherwise, notify the Decontamination Supervisor.

E. General Skin Contamination

1. Adjust the decontamination shower to a slightly warm, moderate flow. Cover the surrounding floor area if necessary to prevent contamination.

2. Instruct the individual to work up a good lather using mild soap and to rub the contaminated areas for several minutes taking care not to get any water or lather above the shoulders.

3. Instruct the individual to rinse off all lather and to dry gently and thoroughly.

4. Survey the individual's entire body.

5. If the acceptance criteria in Section VIII have been satisfied, complete and submit form CI-2, Personnel Decontamination Record for review. Otherwise, repeat steps 1 thru 4 up to two additional times. If the acceptance criteria are sill not satisfied, notify the Decontamination Supervisor.

F. Minor Wounds with Contamination

1. For very minor wounds, such as abrasions and open cuts, proceed as follows:

a. If the area around a wound is contaminated, decontaminate the skin around the wound.

b. Flush the wound with warm water for a few minutes.

c. Gently pat the wound and surrounding skin area dry with absorbent cotton pads.

d. Survey the wound.

e. If the acceptance criteria in Section VIII have been met, secure first aid for the individual and complete and submit form CI-2, Personnel Decontamination Record for review. Otherwise, notify the Decontamination Supervisor.

2. For the handling of any other contaminated injury, see NCRP Report Number 65.

G. Persistent Skin Contamination

1. For persistent skin contamination, and with the Decontamination Supervisor's approval, chemical decontamination can be attempted as follows:

a. Prepare a thick paste of water and titanium dioxide.

b. Spread the paste on the contaminated skin area with a swab, keeping the paste moist for two or three minutes.

c. Remove the paste with damp swabs and wash the skin area with soap and water, and then dry.

d. Survey the area.

e. If the acceptance criteria in Section VIII have been satisfied, complete and submit form CI-2, Personnel Decontamination Record for review. Otherwise, continue with step f.

f. Prepare a mixture of equal volumes of a saturated solution of potassium permanganate and 0.2 Normal sulfuric acid. (A saturated solution of $KmnO_4$ is 6.4 grams per 100 ml of water.)

g. Prepare a sodium acid sulfite solution (5 grams $NaHSO_3$ in 100 ml of distilled water.)

h. Pour the potassium permanganate/sulfuric acid mixture on the contaminated skin area allowing any excess to run off, and gently massage the area. In one or two minutes the mixture should dry to a dark brownish color. Do not permit the mixture to remain in contact with the skin for more than 2 minutes. Do not use near face or other body openings.

i. Wash the area with soap and water; then dry.

j. Survey the area.

k. Repeat steps h-j up to two additional times if necessary.

l. Swab the sodium acid sulfite solution over the area to remove the skin discoloration. Do not permit the chemical to remain in contact with the skin for more than 2 minutes. Do not use near face or other body openings.

m. Wash the area with soap and water, then dry.

n. Apply skin conditioning cream when finished.

o. If the acceptance criteria in Section VIII have been satisfied, complete and submit form CI-2, Personnel Decontamination Record for review. Otherwise, notify the Decontamination Supervisor.

2. Areas of persistent, ground-in contamination, such as elbows and knees, can be covered to cause sweating and to permit the normal, continual sloughing-off of dead skin to aid decontamination as follows:

a. Cover the area with several layers of gauze.

b. Cover the gauze with a slightly larger plastic sheet, taping the plastic to the skin around the entire piece of plastic. (If this covering is to be left on for several days, concurrence by the individual and approval by the Decontamination Supervisor is required.) The potential psychological effects of the situation on the individual must be instructed not to remove the covering at home. Tell him when and where to have the covering removed and the area resurveyed.

VIII. Acceptance Criteria

A. Clothing:

1. Beta or gamma contamination does not exceed 0.1 mr/hour above background when measured with a Ludlum 14-C and 44-9 probe or equivalent.

2. Alpha contamination does not exceed 20 cpm when measured with a Ludlum 14-C and 43-2 probe or equivalent.

B. Skin

1. Beta or gamma contamination does not exceed 0.1 mr/hour above background when measured with a Ludlum 14-C and 44-9 probe or equivalent.

Note: Any removable contamination should be removed, but at levels below 0.1 mr/hour, at the discretion of the monitoring team, the individual may be permitted to perform decontamination on his own at a later and perhaps more convenient time. If elected, this decision should be noted on the individual's Personnel Decontamination Record and the individual should be advised to return for resurvey once decontamination has been performed. All copies of the Personnel Decontamination Record should be retained until the individual has returned for resurvey.

At levels of 0.1 mr/hour or greater, decontamination should be performed under the supervision of the monitoring team before the individual is permitted to leave.

2. If alpha contamination is detected on the body, personnel decontamination should be performed before the individual is permitted to leave the facility. Persons with suspected internal alpha contamination or with fixed skin contamination (as determined by the failure of decontamination efforts to effect its removal) should be referred to a qualified physician or medical facility for treatment.

C. Documentation

1. Each Personnel Decontamination Record shall be completed and signed by the monitor performing or directing the decontamination of the individual.

2. In instances where and individual is allowed to leave without having been decontaminated, he must sign the Personnel Decontamination Record as an acknowledgement that he has been advised of the presence of contamination and has further been advised of recommended decontamination measures to take once he reaches his home or other appropriate location.

3. Each Personnel Decontamination Record shall be submitted to and reviewed by the Decontamination Supervisor.

4. After it has been reviewed and signed by the Decontamination Supervisor, one copy of the Personnel Decontamination Record shall be placed in a Personnel Decontamination Log as a permanent record of the monitoring and decontamination activity. If decontamination has been performed, the second copy shall be given to the individual for his information. If the individual is being permitted to perform decontamination on his own at a later time, both copies of the Personnel Decontamination Record should be retained until the individual has returned for resurvey.

DSHS - RADIATION CONTROL PROGRAM
PERSONNEL DECONTAMINATION RECORD

Name: _____ Social Security Number _____

Date of Birth: _____ Sex M Or F

Address: _____

Date/Time Contamination Occurred _____

Geographic Location Where Contamination Occurred _____

Location of Skin Contamination:

- ☐ Extremities (specify): _____
- ☐ Head (specify): _____
- ☐ Trunk (specify): _____

Injury Involved ☐ No ☐ Yes (Explain) _____

Health Physicist Notified ☐ No ☐ Yes (Explain) _____

Medical Assistance Obtained ☐ No ☐ Yes (Explain) _____

Facial Contamination ☐ No ☐ Yes (Explain) _____

Nasal Smears Taken ☐ No ☐ Yes (Explain) _____

Clothing:

- ☐ Returned to the individual
- ☐ Held for decontamination
- ☐ Held for disposal as contaminated waste

I have been monitored, and accept responsibility for performing necessary decontamination at home.

Signed: _____

PERSONNEL DECONTAMINATION RECORD, CONT.

Cycle Number	Contamination Location on Body	Contamination Level Before This Cycle (mR/hr)(cpm)	Decontamination Agent/Process used	Contamination Level After This Cycle (mR/hr)(cpm)

Skin Condition After Decontamination: _____

_____

Further Actions Required: ☐ No ☐ Yes _____

_____

Bioassay Required: ☐ No ☐ Yes ☐ WBC ☐ Thyroid Scan ☐ Excreta

☐ Other _____

*Bioassay at appropriate time interval(s) is required any time ingestion or inhalation of contaminants other than noble gases is suspected. See NCRP 65- for type and interval.

Remarks: _____

_____

Date/Time Decontamination Began _____ Completed _____

Decontamination:

☐ Performed By

☐ Supervised By

☐ Instructions for later decontamination given by

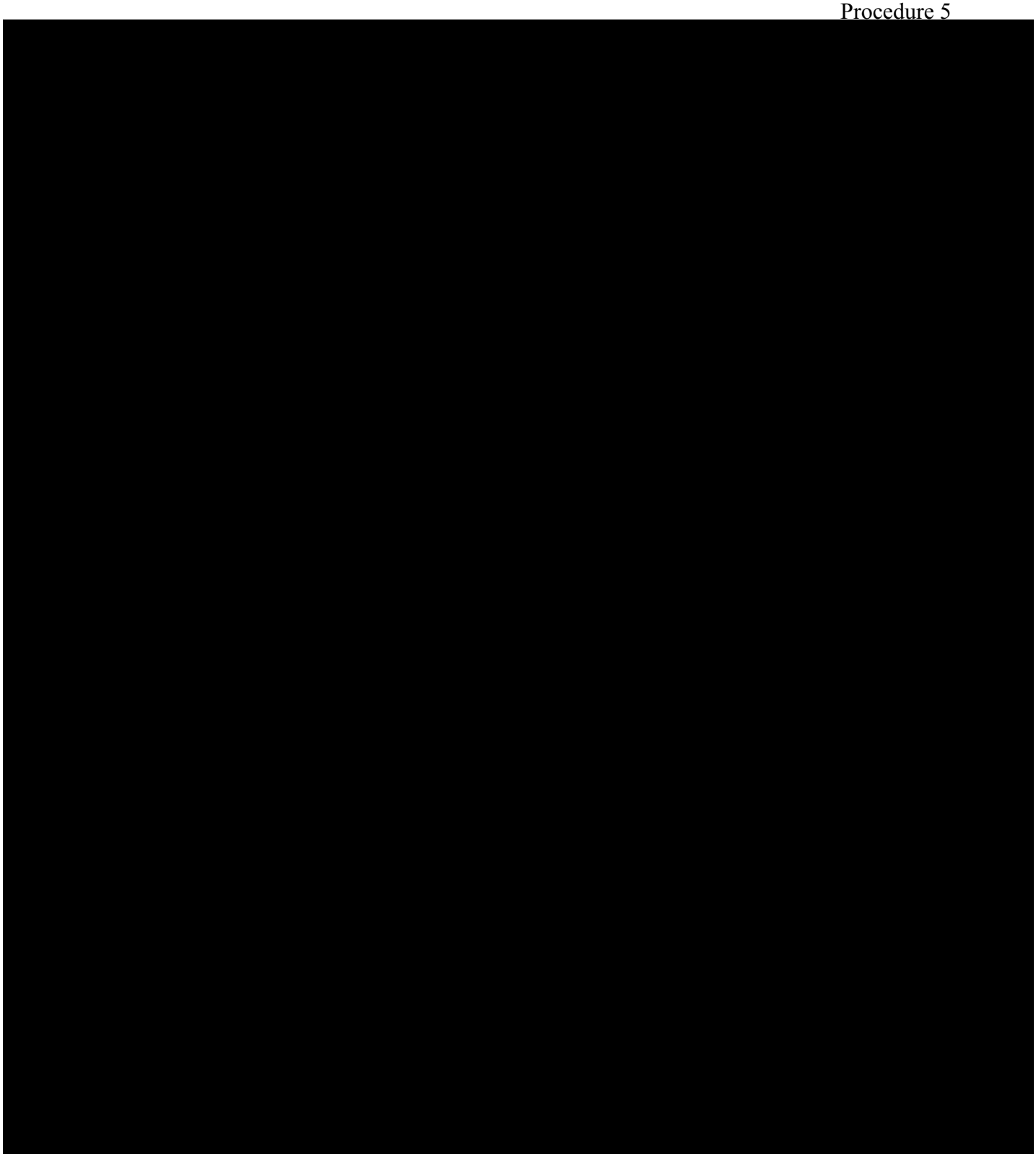
Signed: _____ Date: _____

Personnel Decontamination Record Reviewed By:

Signed: _____ Date: _____

Receipt of Copy Acknowledged By:

Signed: _____ Date: _____

Copy To: (1) Personnel Decontamination Log
(2) Individual

Form CI-2 (2/05)