

Individual Radiation Exposure Record*

name of individual _____ location _____
 low range (m/R) dosimeter no. _____ high range (R) dosimeter no. _____
 name of person or agency maintaining record _____

low range (m/R)					high range (R)				
date	time <small>(circle am or pm)</small>	dosage (m/R)	total m/R	daily total	date	time <small>(circle am or pm)</small>	dosage (R)	total R	daily total
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		
	am	start				am	start		
	pm	final				pm	final		

accumulated weekly dose		accumulated weekly dose	
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*Note: This sheet should not be used for general location radiation monitoring.

Careful notes and comments should be made so that treatment when and if available could be more exact.
 Use the back of the form for notes and comments.