

# VISITORS IN RESTRICTED AREAS RECORD FORM

## Group Record Form

Group 1 \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Group 2 \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

I have received information pursuant to Health Physics Procedure HP-23.

	Group 1		Group 2
	Name (Last, First), Affiliation		Name (Last, First), Affiliation
1		1	
2		2	
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19		19	
20		20	

Dosimeter Serial Number:	Dosimeter Serial Number:
Dose Recorded:	Dose Recorded:
Recorded By:	Recorded By:

### Individual Record Form

I have received information pursuant to Health Physics Procedure HP-23.

Name (Last, First), Affiliation	Social Security / INS, WPI ID, or Driver's License Number	Type: S, W, or State	Date of Birth	Dosimeter Serial Number	Dose (mrem)	Date	Reader Initial
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