



CLS Health and Safety Program

Employee Exposure To Radiation Record

Location _____

Employee Name _____

- Maintain record in Health and Safety Binder in Subsection _____. On January 3rd of each year, send copies to Employee Services for filing on personnel file.
- This record refers only to times when an employee is actually in the room with the individual during an x-ray or medical tests.
- P.P.E. — Personal Protective Equipment (for example: lead aprons, thyroid collars, eyewear, gloves, etc.)

	Date	Type of Test	Supported Individual	P.P.E. Worn	Personal Dosimeter Yes/No	Description of how you assisted. Note any unusual occurrences, etc.
Record 1:					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record 2:					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record 3:					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record 4:					Yes <input type="checkbox"/> No <input type="checkbox"/>	