Community Living Society

CLS Health and Safety Program

Employee Exposure To Radiation Rotation List

For when an employee was actually in the room with the indivdiual during an x-ray or medical test.

Location _____ **For Year** _____

Coordinator _____

List eligible (non-excused) PPT and PFT employees at this location. (Must be their primary location.)

Names	**Dates Attended**			
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

PPT and PFT Employees Who Are Excused

_____

_____

_____

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