Personnel Dose Review

FORM 13

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Dosimetry Provider or Badge Cycle: _____ **Investigation Levels or Procedure:** _____

Retain complete dose reports with quantities, units, and body locations. Review at the applicable monitoring interval.

Monitoring Period	Worker or Badge ID	Dose-Report Reference or Body Locations	Review Against Limits or Prior-Dose Records	Action or Reviewer or Date

Personnel Dose Review

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____