Restricted Personnel Records

FORM 40

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

Record Custodian: _____ **Restricted Storage Location:** _____

Keep declarations, conception date, and detailed dose records in restricted files. This register is not a declaration form.

Worker or Record ID	Record Category or Covered Period	Restricted File or Supporting Reference	Review or Follow-Up	Reviewer or Date

Restricted Personnel Records

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): _____