

POCKET DOSIMETER ISSUE LOG

Name	Team Number	Social Security Number	Dosimeter ID Number	Date/ Time Issue	Date/ Time Return	Initial Reading (mR)	Return Reading (mR)

Privacy Act Statement: *The information on this form is protected by the Privacy Act of 1974. The purpose of requesting this information is to conduct dose tracking. This information will be used by the U.S. Department of Energy, Nevada Operations Office, its contractors, and the home organization of the participant. Failure to provide this information will result in not receiving a dose assessment or proper dose tracking.*