

RADIOLOGICAL AREA VISITOR FORM

INSTRUCTION SHEET

("Visitor" applies to members of the general public, foreign nationals, or hosted employees without radiation worker training)

SECTION A: Hosted Person Information is to be filled out by visitor. Please **PRINT** all information on form.

1. Enter your LAST, FIRST, and MIDDLE name in **FULL**.
2. Enter your Social Security Number only.
3. Enter your Birth Date with the month, day, and year.
4. Enter **F** for Female or **M** for Male.
5. Enter your Passport Number (only if you haven't a Social Security Number).
6. Enter your Employer's name in full; if none, enter N/A.
7. Enter your Employer's Address; if none, use your home address.
8. Enter your Employer's Area Code/Phone Number; if none, use your home Phone Number.
9. Enter your Employer's City.
10. Enter your Employer's State or Country if from foreign country.
11. Enter your Zip Code, preferably your Zip Code + 4, if known.
12. Enter your Host's Name, Contractor, HID Number (or Payroll Number) and Organization Code, if known.
13. State the purpose of visit; e.g., interview, inspection, work on equipment (state type of equipment), etc.
14. Enter estimates of your whole body dose for this calendar year from all non-Hanford radiation exposures if it has been measured; e.g., exposure from visiting a commercial nuclear power plant or other DOE sites. Dose from DOE sites should be separated from dose from other facilities.
15. After reading the statement, sign and date the form. **Not valid unless signed and dated.**

SECTION B: Dosimetry is to be completed by Dosimetry Personnel.

SECTION C: Radiological Area Checklist is to be completed by Host or Escort.

1. Check the type of radiological area(s) to be entered by the hosted person. **NOTE:** Areas marked with an asterisk (*) require radiation worker qualification.
2. Check your company's radiological procedures to determine if escort is required.
3. RWPs are required for all areas except "Radiologically Controlled Areas," "Radiological Buffer Areas," or "Radioactive Material Areas."
4. Host/Escort is responsible for returning dosimeter(s) to place of issue within two (2) working days after visit.

SECTION D: Hanford Site Escort(s) Information is to be completed by each escort (one line per escort).

1. Print your (escort's) full name and HID number.
2. Enter facility where the hosted person is entering while being escorted; e.g., 325, PFP, etc.
3. If RWP is required, enter the RWP Number covering the hosted person's entry.
4. Enter the date of hosted person's entry while being escorted.

SECTION E: Training is to be filled out by instructor or verification authority; e.g., dosimetry, training, or contractor management.

Enter the date of the hosted person's highest level training, verify, and sign. Higher levels of training supersede lower levels.

SPECIAL INSTRUCTIONS: HOST/ESCORT/VISITOR - RETURN DOSIMETER AND THESE FORMS TO CONTRACTOR OF ISSUE WITHIN TWO (2) WORKING DAYS OF "RETURN DATE" SHOWN IN SECTION A.