## Form No. 3: Responder Dose Log

Organization(s)	Incident Name	Date
	molecular ramo	

			Dose Readings			Safety Officer	
Name (or ID#) Dosimeter Type	Dosimeter Serial#	Start Reading use units	Time	End Reading use units	Time	Initials	

<u>Units</u>
uR = microR = microrem
mR = milliR = millirem

R = rem

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Safety Officer Signature \_\_\_\_\_