Accelerator Log Form

# Date:

Operator:

Accelerator:

Interlock Checked:

Interlock Passed:

Performed By:

**Beam Parameters:**

Beam Power (kW):

Beam Energy (MeV):

Beam Current (mA):

Repetition Rate (hz):

Pulse Width (μS):

**Survey Instrument(s):**

Model:

SN:

Cal. Due Date:

Daily Checked By:

Model:

SN:

Cal. Due Date:

Daily Checked By:

Model:

SN:

Cal. Due Date:

Daily Checked By:

|  |
| --- |
| **Electronic Dosimeters:** |
| Issued | Serial Number | Initial Reading | Final Reading |  | Issued | Serial Number | Initial Reading | Final Reading |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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| --- |
| **Operation Survey Results: (If Applicable)** |
| Location of RA: |  | Location of HRA: |  |
| **Post Operation Hall Survey Results:** |
| Max. Gamma Dose Rate @ 30cm [mrem/hr]: |  | Hall Posting [RA/HRA]: |  | Door Locked [Y/N]: |  |

## Comments: