

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: _____

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Electronic Dosimeters:

Issued	Serial Number	Initial Reading	Final Reading		Issued	Serial Number	Initial Reading	Final Reading

Operation Survey Results: (If Applicable)

Location of RA: _____	Location of HRA: _____
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Post Operation Hall Survey Results:

Max. Gamma Dose Rate @ 30cm [mrem/hr]: _____	Hall Posting [RA/HRA]: _____	Door Locked [Y/N]: _____
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Comments:
