

LSU/CAMD Compliance

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Radiation Badge

Date:

2000/03/27

By my signature affixed below, I commit to abide by the Radiation Badge rule while working at CAMD. Further, I understand that failure to comply with this rule may impair my ability to access the CAMD facility.

Signature: _____ Name: _____ Date: _____
(print)

Affiliation: _____ Contact Number: _____

Radiation Badge Contractor/ Visitor Compliance Form

By my signature affixed below, I understand that I must stay with a badged person at all times when in the CAMD Experimental Hall, Storage Ring or Linac. This is so that in case of an accidental exposure, my dose may be calculated from that of the badged person who accompanies me.

Signature: _____ Name: _____ Date: _____
(print)

Affiliation: _____ Contact Number: _____