

Radioactive Source Support Questionnaire

Instructions.

Visit the radioactive source support webpage for more information. Complete the following questionnaire. Attach additional documents as needed.

Administrative Information

Requesting organization:

Requesting organization POC:

Email:

Phone:

Training Information

Briefly describe the purpose, process, and goals of the training/testing:

What organizations are participating or observing this training/testing?

Training location:

APG-North

APG-South

Other (please specify)

Building and Room number/Range number:

Are there adjacent areas/rooms accessible by personnel who will not be participating in the testing/training?

Yes (if yes, please explain)

No

Starting and ending dates:

Starting and ending times when ONLY sources are needed:

(Note: If training is multiple days with non-fixed schedule, please attach the full schedule table.)

Type of radiation sources needed (e.g., alpha, beta, gamma, neutron):

What is the expected distance any participants will be from any source?

How long will they be at this distance?

Do training participants have their own dosimeters?

Yes, specify who provides the dosimeters:

No, how many personnel will need to be provided dosimeters?

Other Information

Attach the following documents:

Training/testing plan.

If dosimetry will be issued by the Defense Health Agency–Public Health, please send names, dates of birth, physical addresses, and social security numbers **via encrypted email from a government email address**.

Maps or diagrams of the training site. Mark location of the training and the sources according to your plan.