

TEMPORARY AND VISITORS TLD BADGE SIGN-OUT

PM 5321

USE BALL POINT PEN ONLY — PRINT CLEARLY
 All persons must complete sections 1 & 3 and section 2 if necessary
 Non BNL employees must also complete section 2

Badge No. _____

1

Date of Issue M D Y Building No. 740

Last Name

First Name Middle Initial Gender M F

Social Security No. (if none, enter 'NONE')

BNL Life/Guest No. (if none, enter 'NONE') Job Code _____ Experiment No. _____

Check here if this is a replacement for a lost or damaged badge Lost badge no. _____ Your BNL Phone _____

Name of BNL Supervisor or Person visited _____ Check if DOE or "Special Individual"

For Visitor's (red) Badges print escort's name _____ Supervisor's BNL Phone _____

Escort's Life No. _____

2

First day at BNL M D Y Host Dept. AD Account No. 18033

Expected last day at BNL M D Y DOE Personnel: check here if you are a Headquarters employee

Birth Date M D Y

Employer Address (if DOE give full FIELD OFFICE address)

Street Address

City State

Zip Code - Work Phone -

3

ACKNOWLEDGEMENT AND RELEASE

I have read and understand the TLD Badge Wearer's instructions. The information given on this form is complete and accurate. I have read the Privacy Act Notification and authorize the release of my radiation exposure report to the address above and the use of multiple copies of this document.

E-mail Address _____
Signature _____

4

BADGE ISSUER COMPLETES THIS SECTION

Check here if badge wearer has attended Radiation Worker Training Check here and attach BNL Form(s) 2883 if this badge is being used for a tour group

Issued by: _____ (please print) BNL Phone No. _____ Bldg. No. 743

5

BNL FACILITIES WHERE BADGE WILL BE WORN

CAD ERO Projects BLIP Cyclotron HWM

NSLS II PST Tandem Other

6

OFFICIAL USE ONLY

Employer _____ Part No. _____ Badge No. _____

Deep _____ Shallow _____ Internal _____

Neutron _____ Beta _____ Extremity _____ Left Right