

Form Number LLCF-053	Issue Date 01/01/11	Revision Date 06/15/23		Form Number LLCF-053	
	NORM Protective Clothing & Briefing				

Work Details					
Customer:				Date:	
Location:					
Work Activities Planned:					

Pre-Job Briefing / PPE					
<input type="checkbox"/> Worker Assignments	<input type="checkbox"/> Area Setup & Posting	<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> DRC Form 3, Notice to Employee	PPE Needed	
<input type="checkbox"/> Exposure Levels	<input type="checkbox"/> Dressing & Undressing	<input type="checkbox"/> Respirator Usage	<input type="checkbox"/> Frisking Station Location	<input type="checkbox"/> Gloves	<input type="checkbox"/> Rain suits
<input type="checkbox"/> Contamination Levels	<input type="checkbox"/> Lessons Learned	<input type="checkbox"/> Respirator Fit Test	<input type="checkbox"/> Frisking Employees	<input type="checkbox"/> Boots	<input type="checkbox"/> Dosimetry Forced
<input type="checkbox"/> Relief Form Respirator	<input type="checkbox"/> Emergency Procedures	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Boundary Exposure Level	<input type="checkbox"/> Hoods	<input type="checkbox"/> Half-face Resp.
<input type="checkbox"/> Air Sampling Results	<input type="checkbox"/> Worker Responsibilities	<input type="checkbox"/> Radiation Surveys	<input type="checkbox"/> Other:	<input type="checkbox"/> Coveralls	<input type="checkbox"/> Forced Air Resp.
<input type="checkbox"/> Hot Spots	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Contamination Surveys	<input type="checkbox"/> Other:	<input type="checkbox"/> Face shields	<input type="checkbox"/> Tape all Openings

Radiological Conditions					
Highest Contact Dose Readings & Location		Accessible Areas of Loose Surface Contamination		Accessible Areas of Loose Surface Contamination	
Location	Dose Rate (uR/hr)	Location	Levels (uR/hr)	Location	Levels (mCi/ml)
Highest restricted area perimeter dose rate:					
Other radiological information:					
Supervisor Signature:					
RSO Signature:					
Safety Rep. Signature:					