

Form Number LLCF-053	Issue Date 01/01/11	Revision Date 01/15/25	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

<i>Highest Contact Dose Readings & Location</i>		<i>Accessible Areas of Loose Surface Contamination</i>		<i>Accessible Areas of Loose Surface Contamination</i>	
<i>Location</i>	<i>Dose Rate (uR/hr)</i>	<i>Location</i>	<i>Levels (uR/hr)</i>	<i>Location</i>	<i>Levels (mCi/ml)</i>

Highest restricted area perimeter dose rate:	
Other radiological information:	

Supervisor Signature:	
RSO Signature:	
Safety Rep. Signature:	