

## Form 301P - EPZ Personnel Radiological Screening Report Form

EOC Background Reading: \_\_\_\_\_ CPM

Personnel Screening Reading: \_\_\_\_\_ CPM

EPZ Community: \_\_\_\_\_

Issuing Location: \_\_\_\_\_

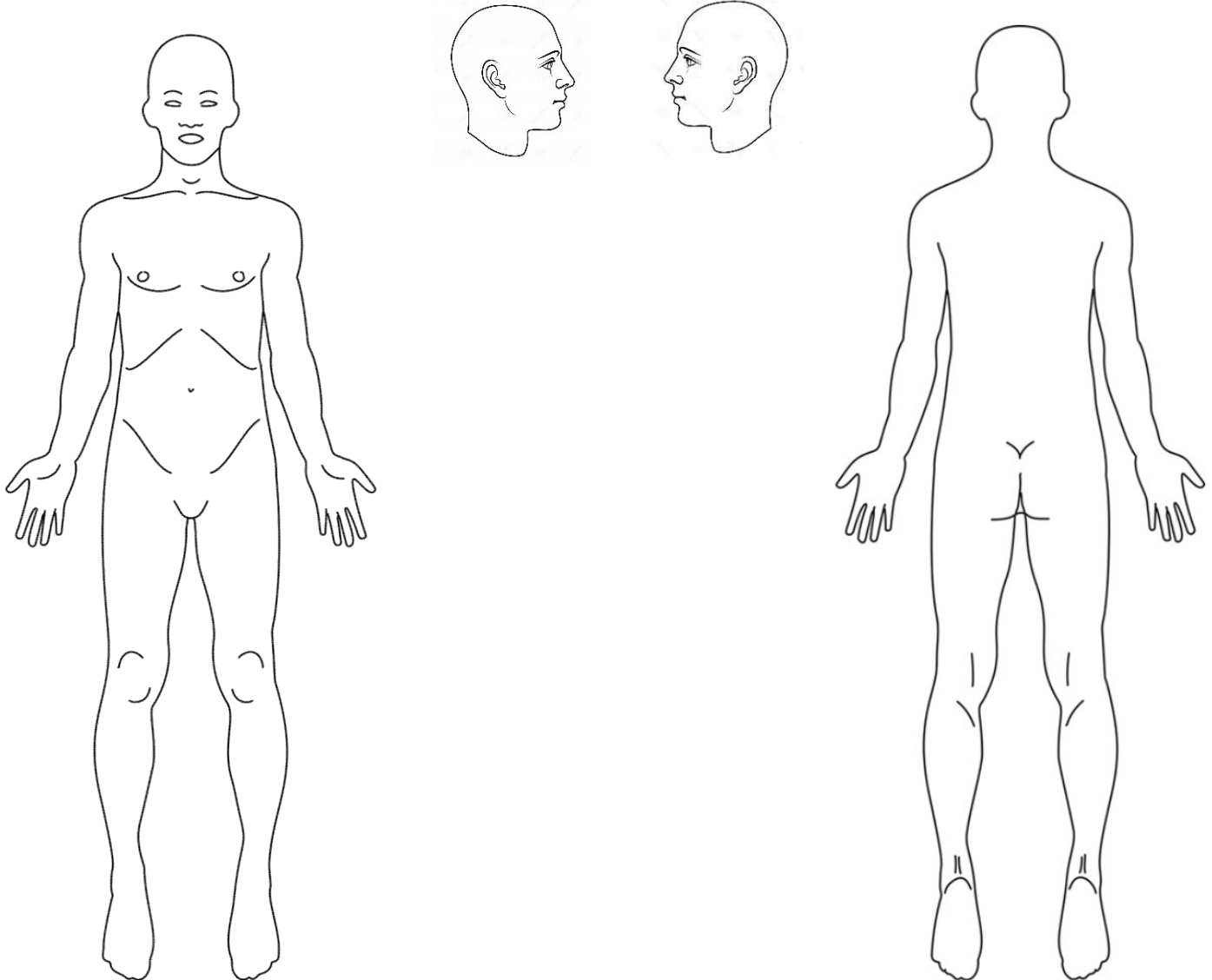
Name of Person Screened: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ (\*SSN not required for training/exercises)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Indicate contaminated areas and meter reading levels on sketch)



**\*\*Greater than 300 CPM above background - send emergency worker to Reception Center for decontamination\*\***

Date/Time: \_\_\_\_\_ Screener Signature: \_\_\_\_\_

White Copy = Emergency Worker    Yellow Copy = State/Host Facility    Pink Copy = Issuing Agency

