## Accelerator Log Form

Date: ____________________  Operator: ____________________  Accelerator: ____________________

Interlock Checked: ____________________  Interlock Passed: _______  Performed By: ____________________

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### Beam Parameters:

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>

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### Survey Instrument(s):

<table>
<thead>
<tr>
<th>Model:</th>
<th>SN:</th>
<th>Cal. Due Date:</th>
<th>Daily Checked By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>________</td>
<td>________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

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### Electronic Dosimeters:

<table>
<thead>
<tr>
<th>Issued</th>
<th>Serial Number</th>
<th>Initial Reading</th>
<th>Final Reading</th>
<th>Issued</th>
<th>Serial Number</th>
<th>Initial Reading</th>
<th>Final Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Operation Survey Results: (If Applicable)

<table>
<thead>
<tr>
<th>Location of RA:</th>
<th>Location of HRA:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Post Operation Hall Survey Results:

<table>
<thead>
<tr>
<th>Max. Gamma Dose Rate @ 30cm [mrem/hr]:</th>
<th>Hall Posting [RA/HRA]:</th>
<th>Door Locked [Y/N]:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Comments:

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