

## BNL Radiological Awareness Report Program Radiological Awareness Report

RAR # \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

<b>ORIGINATOR</b>	Date/Time of Observation		Location		
	Type of Report		<input type="checkbox"/> Incident	<input type="checkbox"/> Concern	<input type="checkbox"/> Suggestion
	Person(s) Involved (Print Name & Group or Section) <input type="checkbox"/> N/A			Equip/System	
	Description				
	Originator (Print Name/Signature)			Department	Extension
<b>RAR COORDINATOR</b>	RAR VALID?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate Actions			
	IMMEDIATE ACTIONS Reported by (Print Name/Signature)			Date	
	Critique Required?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Invalid, Return Date <input type="checkbox"/> N/A	Individual Statement Attached?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Critique Completed Date Attached	
RAR Coordinator (Print Name/Signature)			Date		
<b>HEALTH PHYSICS TECHNICAL SERVICES MANAGER</b>	Review/Comments				
	Follow-Up Actions Required?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Health Physics Technical Support Manager			Date	
Reactor Division Section Manager			Date		
<b>FOLLOW-UP ACTIONS</b>	Action 1			Assigned To	
	Action 2			Assigned To	
<b>ACTION CLOSE OUT</b>	Action #1 Completed Signed by			Date	
	Reviewed/Verified by RAR Coordinator			Date	
	Action #2 Completed Signed by			Date	
	Reviewed/Verified by RAR Coordinator			Date	