



Radiation Team Report Form



Priority Level (circle one): **1** Urgent—Inform Mission Control Immediately **2** Potential Danger—Monitor Closely **3** Maintaining Normal Levels

Please fill in ALL blanks in case mission control needs the information.

	A	B	C	D	E	F
TEPC1	Time	20-minute Dose Total	Cumulative Dose	Dose Rate	Trend (Increasing/Decreasing?)	24-hour Projected Total Rems
	A	B	C	D	E	F
TEPC2	Time	20-minute Dose Total	Cumulative Dose	Dose Rate	Trend (Increasing/Decreasing?)	24-hour Projected Total Rems

Communications Team: Please do NOT report the shaded areas to mission control.

Recommendations:



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