



TA-53 TOUR FORM/RADIOLOGICAL LOG

(Send completed form to MS H831)

Tour Date	Purpose of Tour or Tour Title	Start Time and Approximate Duration
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Tour Point of Contact/Requestor	Z# (if applicable)	Organization/Phone Number	Signature
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Locations Visited: (Check all that apply, and list any others not shown. Prior approval must be obtained according to Sections 5 and 6 of TA-53 Controlled Document, TA53-ST-121-001.5, *Visitor Tours at TA-53*.
Return completed form to LANSCE Visitor's Center or send to MS H831.

LINAC:

- Injectors – Sector J (MPF-3J)
- Beam Tunnels (MPF-3 A-H)
- Equipment Rooms and Aisles (MPF-3)
- Control Room (MPF-4)

Beam Delivery:

- BR Tunnel (MPF-8)
- Switchyard (MPF-3S)
- Line D North/South
- 1L Service Area
- Line B/C

Experimental Areas:

- Lujan Center, ER-1 (MPF-7)
- Lujan Center, ER-2 (MPF-30)
- WNR Blue Room (MPF-7)
- WNR Experimental (Ice House, GEANIE, etc.)
- WNR 1302 (FP 15L, FP 15R)
- pRad (Area C, MPF-3P)
- Area A and Staging Area (MPF-3M)
- IPF (MPF-984)
- UCN (Area B, MPF-3N)

Laboratories:

- MPF-14
- MPF-19
- MPF-365
- ETL (MPF-2)
- MPF-18
- MPF-17
- MPF-984

- Other areas with radiation and/or industrial hazards:

Check those that apply:

- Based on the stated itinerary, I have informed tour participants that they may be in the vicinity of low-level, non-ionizing radiation sources, including radiofrequency/microwave and magnetic fields. I have informed tour participants that these conditions could affect medical/dental devices and implants, including pacemakers, heart valves, aneurysm clips, braces, and cosmetic piercings.
- Based on the stated itinerary, I have determined tour participants are not accessing the site for work related purposes, are only accessing areas permitted by this policy, and radiation dosimetry is not required. I have informed tour participants of potential hazards that exist.
- Based on the stated itinerary, I have determined that the tour participants are accessing the site for work related purposes and may access areas that require dosimetry. The requisite individual dosimeters have been issued.
- I briefed the participants on safety and security requirements (Attachments B and D).

Host (Print Name)	Z#	Organization/Phone Number	Signature
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Other Responsible (Print Name)	Z#	Organization/Phone Number	Signature
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Attachment A

List of Tour Participants

*If academic institution, please check appropriate box. Attach sheets as needed.

Print Name	Signature	Institution (no abbreviations)	Check One	U.S. Citizen	I received and understood the safety & security requirements.
			<input type="checkbox"/> Student <input type="checkbox"/> Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Student <input type="checkbox"/> Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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