Nama Petugas :

No. ID Karyawan :

Kualifikasi Radiografi : PPR/AR/OR

Tahun :

No. Seri pendose :

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| **Tanggal** | **Tujuan Penggunaan** | **Dosis (mR)** | **Paraf Petugas** | **Paraf PPR** |
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KETERANGAN :

Limit Dosis : Daerah Pengawasan : 0,75 mSv/jam

Daerah Pengendalian : 2,5 mSv/jam