

This is a RED Stamp

**ROCKY FLATS PLANT  
 EM RADIOLOGICAL GUIDELINES**

**Manual No.: 3-21000-OPS-EMRG  
 Procedure No.: Table of Contents, Rev 1  
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 Effective Date: 01/18/93  
 Organization: Environmental Management**

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**DOCUMENT CLASSIFICATION REVIEW WAIVER  
 PER R.B. HOFFMAN, CLASSIFICATION OFFICE  
 JUNE 11, 1991**

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EMRG 3.5	Handling of Contaminated Dosimetry/Security Badges	0	12/06/91
*DCN 93.01	Word Correction	0	01/14/93
EMRG 6.1	Performance Test and Operational Checks for Ludlum Model 12-A, Model 12, and Model 31 Survey Instruments	0	12/06/91
EMRG 6.3	Performance Checking and Operation of the Eberline SAC-4 Alpha-Scintillation Smear Counting Instrumentation	0	12/06/91
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*DCN 93.01	Formula Clarification	0	01/14/93
EMRG 6.5	Use of the Bicon Frisk-Tech with the A-100 and B-50 Detectors	0	12/06/91
*DCN 93.01	Equipment Calibration Clarification	0	01/14/93
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*DCN 93.01	FIDLER Surveys	0	01/15/93
EMRG 9.1	Respiratory Protection Requirements and Posting	0	12/06/91
*DCN 93.01	Revisions to Radiation Protection Program	0	01/15/93
EMRG 10.1	Radiological Deficiency Reporting Program	0	12/06/91

# ENVIRONMENTAL MANAGEMENT DOCUMENT CHANGE NOTICE (DCN)

Procedure Number 3-21000-OPS-EMRG 2.2, Rev. 0

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Title <u>EMRG 2.2 Possible Inhalation Exposure</u> <i>DA 1/14/93</i>	Date <i>11/12/92</i> <i>DA 1/14/93</i>	DCN Number <u>43.03</u> <i>256</i>
Expires <u>12/31/92</u> <i>DA 1/14/93</i>		Procedure Revision Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>DA 1/14/93</i>
Scope Limitation <u>None</u>		

Item Number	Page	Step or Paragraph	Changes (Use DCN CONTINUATION SHEET for Additional Space)
1	4 of 10	4.5	Change HSP 12.02 reference number to 6.13 <i>from 6.5</i> <i>DA 1/14/93</i>

Justification (Reason for Change – Provide Numbers To Reference Corresponding Items Above)

#1:  
Revision for compliance to changes in the Rad. Prot. Program.

Concurrence	Organization	Req	Date	Concurrence	Organization	Req	Date
<i>[Signature]</i>	QAPM	X	1/14/93		User	X	
<i>[Signature]</i>	RE	X	12/18/92	<i>D. Sinto</i>	EQS	X	1/14/93
<i>[Signature]</i>	ES & E	X	1/5/93 <sup>(63)</sup>				

Approval of Responsible Manager <i>R.B. Hoffman</i>	Date <u>1-12-93</u>	Is Posting Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By What Date? <u>upon receipt</u>	Date Posted
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DCN Form 001

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PER R.B. HOFFMAN, CLASSIFICATION OFFICE  
JUNE 11, 1991

JAN 15 1993