**Hand out guest dosimeter**

Date:

Start at:       end at:

HZB-Attendant:

**Guests (max. 10 per form!)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Name** | **First Name** | **Date of Birth** | **Company/Institute** | **Reason of stay** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Completed by HZB staff only! MX-Karte EMIL-Karte

c

WWL-Karte Gastkarte allg.

c

**Überprüfung 7-Tage-Regelung**

Stempel/Unterschrift

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_