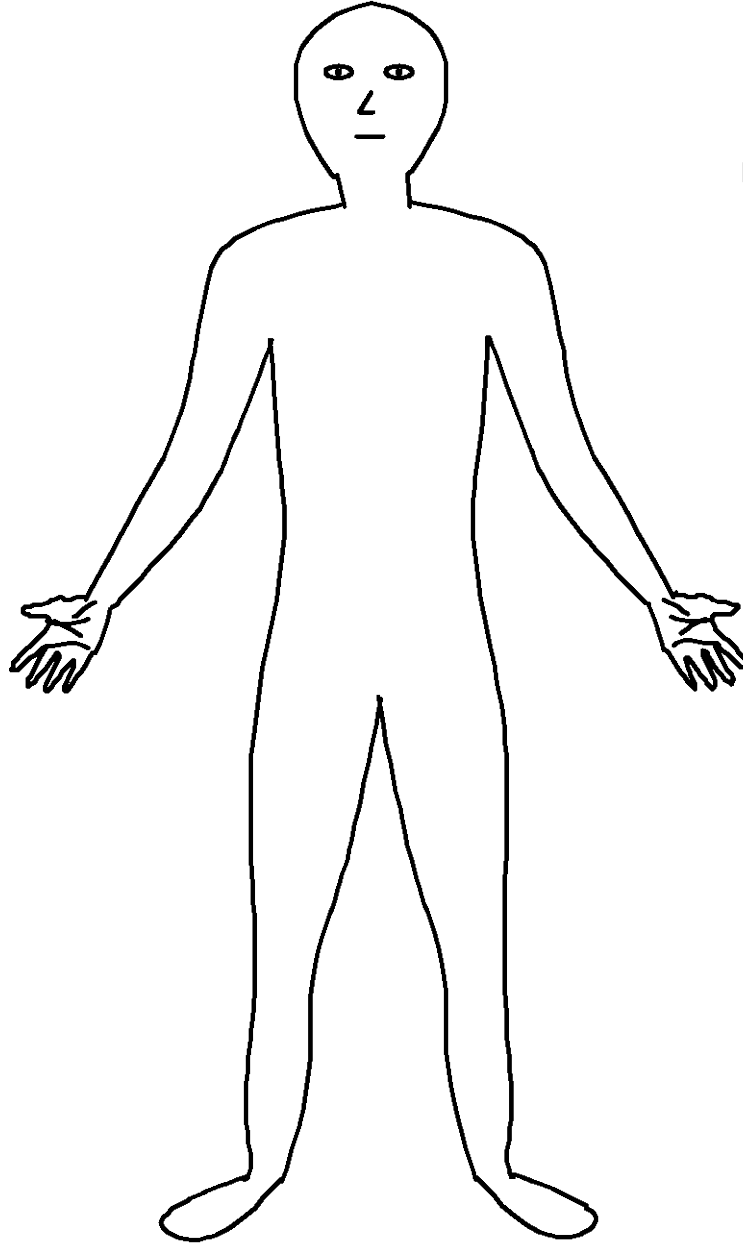


**Radiological Incident Body Chart Record**  
**FRONT**

Right Side

Left Side

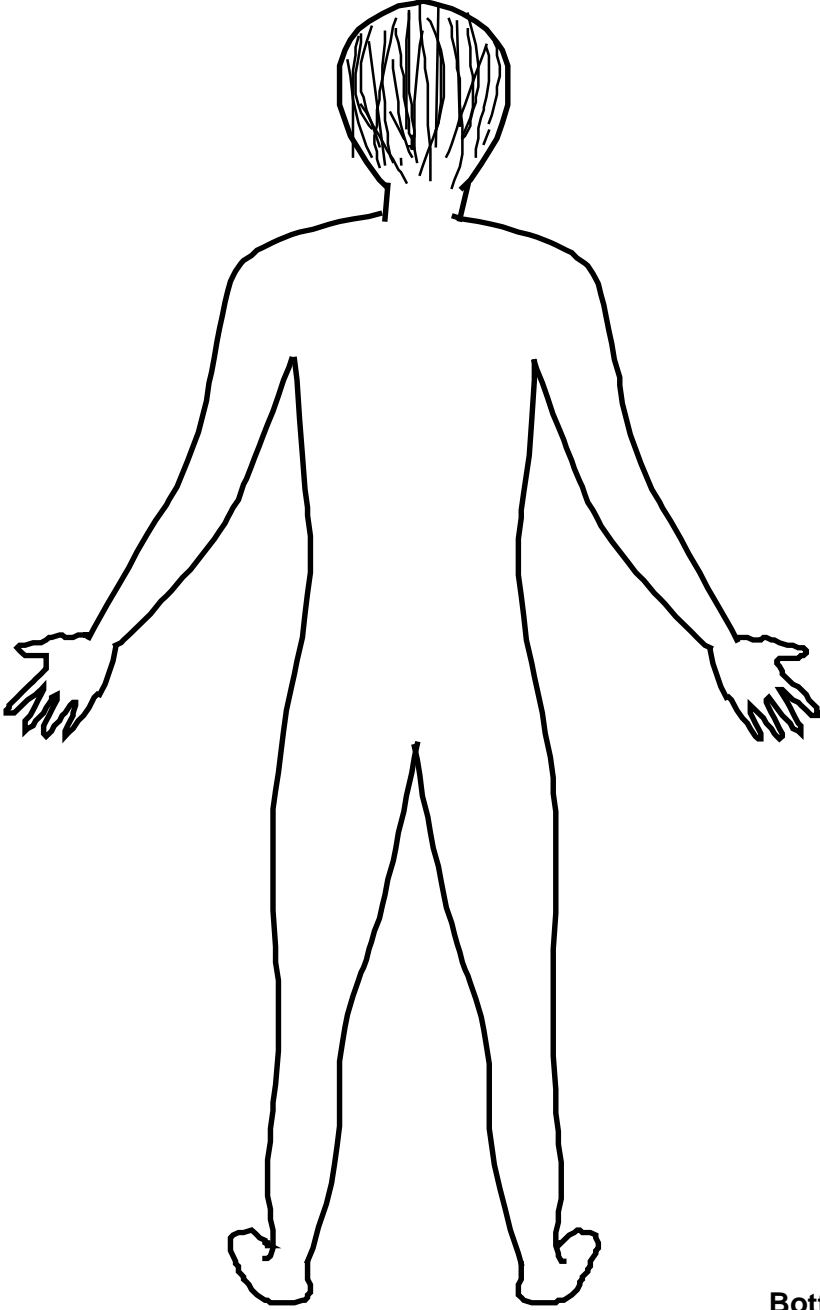


Date \_\_\_\_\_  
Name \_\_\_\_\_  
Surveyor's Name \_\_\_\_\_  
Instrument Used \_\_\_\_\_  
Cal. Date \_\_\_\_\_  
Background \_\_\_\_\_

**BACK**

**Left Side**

**Right Side**



Date \_\_\_\_\_  
Name \_\_\_\_\_  
Surveyor's Name \_\_\_\_\_  
Instrument Used \_\_\_\_\_  
Cal. Date \_\_\_\_\_  
Background \_\_\_\_\_

**Bottom of Feet**

