



**McMaster  
Nuclear Reactor**

**VISITOR INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

AFFILIATION McMaster ☐ Media ☐ Trades ☐ Groups/Clubs ☐ Other \_\_\_\_\_  
School ☐ Public ☐ Contractor ☐ Special Events ☐ Customer ☐

SCHOOL NAME / DEPT / COMPANY NAME or PURPOSE OF VISIT: \_\_\_\_\_

| MNR USE ONLY |                  |      |            |
|--------------|------------------|------|------------|
| DOSIMETER #  | READING          | TIME | TOUR GUIDE |
|              | IN               | IN   |            |
|              | OUT              | OUT  |            |
| ID VERIFIED  | ID TYPE & NUMBER |      |            |

**PLEASE TURN OVER**

I agree to abide by the rules and regulations of the  
McMaster Nuclear Reactor and will follow the directions and  
instructions of the McMaster Nuclear Reactor Tour Guide.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or Guardian must sign if visitor is under 18.**

**ATTENTION:**

Please let us know if you have recently undergone a nuclear  
medicine procedure. Some procedures may result in alarms  
of our contamination monitors.