

START

INFORMATION RELEASE REQUEST

91-007 0033498

References: WHC-CM-3-4

| | | | | |
|-------------------------------------|---|---|--|--|
| Complete for all Types Of Release | Purpose | | New ID Number TRAC - 0285 | |
| | <input type="checkbox"/> Speech or Presentation <input type="checkbox"/> Full Paper <input type="checkbox"/> Summary <input type="checkbox"/> Abstract <input type="checkbox"/> Visual Aid <input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Poster Session <input type="checkbox"/> Videotape | | <input type="checkbox"/> Reference <input type="checkbox"/> Technical Report <input type="checkbox"/> Thesis or Dissertation <input type="checkbox"/> Manual <input type="checkbox"/> Brochure/Flier <input type="checkbox"/> Software/Database <input type="checkbox"/> Controlled Document <input checked="" type="checkbox"/> Other PHOTOGRAPHS (3) | |
| | (Check only one suffix) | | Existing ID Number (include revision, volume, etc.) | |
| | | | If previously cleared, list ID number. | |
| Complete for Speech or Presentation | Title PHOTOGRAPHS FROM DEPT OF HEALTH INSP. | | Unclassified, Category UC- | |
| | Title of Journal | | Group or Society Sponsoring | |
| | Date(s) of Conference or Meeting | City/State | Will proceedings be published? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will material be handed out? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Title of Conference or Meeting | | Date Release Required 10-1-91 | | |

CHECKLIST FOR SIGNATORIES

| Review Required per WHC-CM-3-4 | Yes | No | Reviewer Name (printed) | Signature | Date |
|---|-------------------------------------|-------------------------------------|-------------------------|----------------------|----------------|
| Classification/Unclassified Controlled Nuclear Information | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Patent - General Counsel | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Legal - General Counsel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | BD Williamson | <i>BD Williamson</i> | 10/1/91 |
| Applied Technology/Export Controlled Information or International Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| WHC Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Communications | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| DOE-RL Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Publications Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Other Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| References Available to Intended Audience | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A | | |
| Transmit to DOE-HQ/Office of Scientific and Technical Information | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |

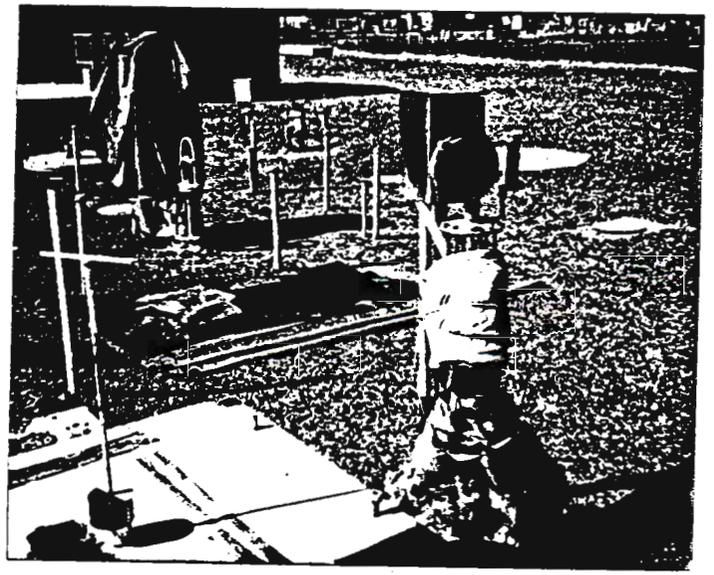


Information conforms to all applicable requirements. The above information is certified to be correct.

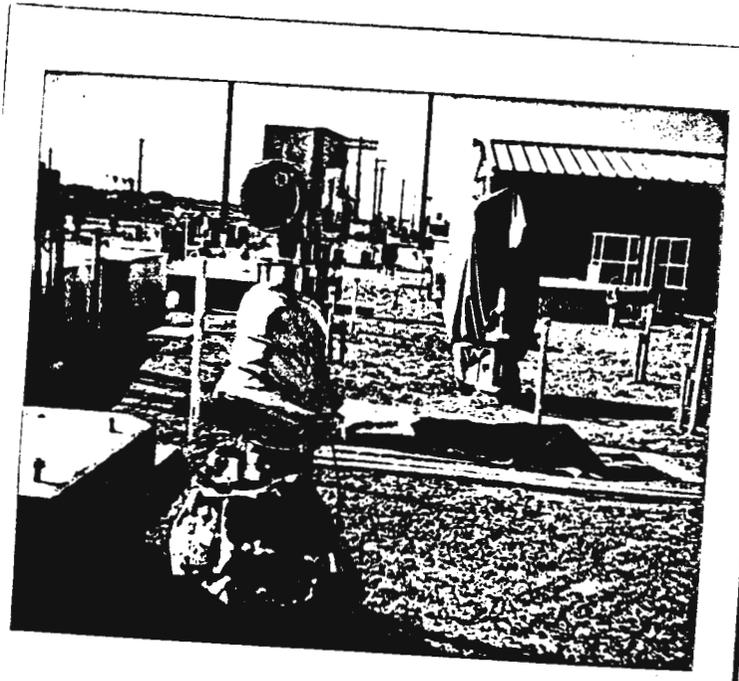
| | | |
|--|------------------------|---|
| Author/Requestor (Printed/Signature) MICHAEL J. HALL <i>Michael J. Hall</i> | Date 10-1-91 | INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP Stamp is required before release. Release is contingent upon resolution of mandatory comments.  Date Received 10-1-91 ew |
| Responsible Manager (Printed/Signature) B.G. Erlandson <i>B.G. Erlandson</i> | Date 10-1-91 | |
| Intended Audience <input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External DOH Inspector | | |



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