McMASTER UNIVERSITY
NUCLEAR REACTOR
1280 Main Street West
Hamilton, ON Canada
L8S 4K1 Phone: (905) 525-9140 x24279

VISITOR INFORMATION

NAME ______________________________ DATE __________________

HOME ADDRESS ______________________________ TELEPHONE __________________

AFFILIATION: McMaster ☐ Student ☐ Media ☐ Contractor ☐ Other ☐

PURPOSE OF VISIT: Tour ☐ Other: __________________

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<th>MNR USE ONLY</th>
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<tr>
<td>DOSIMETER #</td>
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<tr>
<td>IN</td>
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<td>OUT</td>
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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.