

RADIOLOGICAL RESPONSE CAPABILITY REPORT

1. REPORTING ORGANIZATION	3. CITY	5. ZIP/APO/FPO	7. DATE PREPARED (YYYYMMDD)
2. INSTALLATION/SHIP	4. STATE/COUNTRY	6. MAJOR COMMAND	

INSTRUCTIONS: Items with asterisk (*), mark "X" to indicate capability even if only partial. All others indicate number available. Report Unique Response Capability not covered below in Remarks on back.

8. ALPHA SURVEY METER	18. OTHER SURVEY DEVICES (*) <i>(Specify type in Remarks)</i>	27. PHYSICAL SECURITY FORCES (*)	
9. MULTIFUNCTION RATEMETERS (*)		28. PUBLIC AFFAIRS SPECIALISTS (*)	
10. ALPHA-BETA-GAMMA SURVEY METERS	19. EOD CAPABILITY (*)	29. LEGAL REPRESENTATIVES (*)	
11. BETA/GAMMA SURVEY METERS	20. FIRE FIGHTING CAPABILITY (*)	30. MEDICAL PERSONNEL (*)	
12. GAMMA SURVEY METERS	21. DECONTAMINATION CAPABILITY	31. MEDICAL PERSONNEL (RADIOLOGICALLY TRAINED) (*)	
13. NEUTRON SURVEY METERS	22. PHOTOGRAPHIC CAPABILITY (*)	32. HEALTH PHYSICISTS (*)	
14. X-RAY METERS	23. AERIAL SURVEY CAPABILITY (*)	33. REACTOR SPECIALISTS (*)	
15. PROBES	24. FIXED WING AIRCRAFT (*)	34. WEAPON DESIGN SPECIALISTS (*)	
16. TRITIUM MONITORING CAPABILITY	25. ROTARY WING AIRCRAFT (*)	35. METEOROLOGICAL PERSONNEL (*)	
17. DOSIMETERS (*)	26. SELF-CONTAINED BREATHING APPARATUS (SCBA) (*)	36. SECURE COMMUNICATIONS (*)	
37. DUTY NUMBER COMMERCIAL PREFIX: DSN PREFIX:	38. EMERGENCY NUMBER COMMERCIAL PREFIX: DSN PREFIX:	39. FAX MACHINE EXTENSION UNCLASSIFIED FAX: CLASSIFIED FAX:	

DD FORM 2325, OCT 2002

PREVIOUS EDITION IS OBSOLETE.

40. REMARKS	
41. POINT OF CONTACT <i>(MUST be completed)</i>	
a. NAME OF PERSON SUBMITTING REPORT <i>(Last, First, Middle Initial)</i>	b. ORGANIZATION
c. OFFICE SYMBOL OR DELIVERY CODE	d. TELEPHONE NUMBER <i>(Specify DSN or Commercial)</i>
e. AUTODIN MESSAGE PLAIN LANGUAGE ADDRESS (PLA) <i>(To include office symbol or code) (As outlined in USMCEB Pub. No.)</i>	
f. AUTODIN ROUTING INDICATOR	
g. ORGANIZATION MAILING ADDRESS <i>(Include ZIP Code)</i>	
h. ORGANIZATION E-MAIL ADDRESS	

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