Facility Name

Facility ID #

| Facility ID # | Facility Name | Туре | Procedure | Avg per Week | Typical Exposure |
|---------------|---------------|------|-----------|--------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |