



**DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
RADIATION PROTECTION SECTION**

**OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD**

**Instructions:** The information contained herein is required pursuant to 15A NCAC 11 .1640(c). The licensee shall make entries into this form such that the information is clear and legible and may be typewritten or handwritten. Records shall be made at least annually pursuant to 15A NCAC 11 .1640(b). Unless otherwise specified, units of dose shall be made in rems. Additional instructions are on page 2 of this document

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY)	7. LICENSEE NAME	8. LICENSE NUMBER(S)	9.A. <input type="checkbox"/> RECORD	9.B. <input type="checkbox"/> ROUTINE
			<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10.A. RADIONUCLIDE	10.B. CLASS	10.C. MODE	10.D. INTAKE IN $\mu$ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11.
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17.
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (ADD BLCOKS 11 AND 16) (TODE)	18.
				19. COMMENTS	

20. SIGNATURE – LICENSEE	21. DATE PREPARED
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## OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

### ADDITIONAL INFORMATION AND INSTRUCTIONS PERTINENT TO THE COMPLETION OF THIS FORM

*(All doses should be stated in rems)*

- | <p>1. Type or print the full name of the monitored individual in the order of last name (including "Jr.", Sr.", "III", etc.), first name and middle initial (if applicable).</p> <p>2. Enter the individual's identification number, including punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification such as a passport or work permit.</p> <p>3. Enter the code for the type of identification as shown below:</p> <table border="0" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">CODE</th> <th style="text-align: left; border-bottom: 1px solid black;">ID TYPE</th> </tr> </thead> <tbody> <tr> <td>SSN</td> <td>U.S. Social Security Number</td> </tr> <tr> <td>PPN</td> <td>Passport Number</td> </tr> <tr> <td>CSI</td> <td>Canadian Social Insurance Number</td> </tr> <tr> <td>WPN</td> <td>Work Permit Number</td> </tr> <tr> <td>PADS</td> <td>PADS Identification Number</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> </tbody> </table> <p>4. Check the box that denotes the sex of the individual being monitored.</p> <p>5. Enter the date of birth of the individual being monitored in the format MM/DD/YYYY.</p> <p>6. Enter the monitoring period for which this report is being completed. The format should be MM/DD/YYYY – MM/DD/YYYY.</p> <p>7. Enter the name of the licensee.</p> <p>8. Enter the North Carolina License number or numbers.</p> <p>9.A. Place an "X" in Record or Estimate. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee</p> | CODE                             | ID TYPE | SSN | U.S. Social Security Number | PPN | Passport Number | CSI | Canadian Social Insurance Number | WPN | Work Permit Number | PADS | PADS Identification Number | OTH | Other | <p>intends to assign the record dose on the basis of TLD results that are not yet available.</p> <p>9.B. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee should sum them and report the total of all PSEs.</p> <p>10.A. Enter the symbol for each radionuclide that resulted in an internal exposure recorded for the individual, using the format "Aa-###a", for instance Cs-137 or Tc-99m.</p> <p>10.B. Enter the lung clearance class as listed in Appendix B to 10 CFR Part 20.1001 – 2401 (D, W, Y, V, or O for other) for all intakes by inhalation.</p> <p>10.C. Enter the mode of intake. For inhalation, enter "H." For absorption through the skin, enter "B." For oral ingestion, enter "G." For injection, enter "J."</p> <p>10.D. Enter the intake for each radionuclide in <math>\mu\text{Ci}</math>.</p> <p>11. Enter the deep dose equivalent (DDE) to the whole body.</p> <p>12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.</p> <p>13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).</p> <p>14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).</p> <p>15. Enter the committed effective dose equivalent (CEDE).</p> <p>16. Enter the committed dose equivalent recorded for the maximally exposed organ.</p> | <p>17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.</p> <p>18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.</p> <p>19. Comments.<br/>In the space provided, enter additional information that might be needed to determine compliance with the limits. An example might be to enter the note that the SDE,ME was a result of exposure from a discrete source of radiation (e.g. emergency response to an incident). Another possibility would be to indicate that an overexposed report has been sent to NRC in reference to the exposure report.</p> <p>20. Signature of the person designated to represent the licensee.</p> <p>21. Enter the date the form was prepared.</p> |
|---|----------------------------------|---------|-----|-----------------------------|-----|-----------------|-----|----------------------------------|-----|--------------------|------|----------------------------|-----|-------|---|---|
| CODE  | ID TYPE                          |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |
| SSN   | U.S. Social Security Number      |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |
| PPN   | Passport Number                  |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |
| CSI   | Canadian Social Insurance Number |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |
| WPN   | Work Permit Number               |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |
| PADS  | PADS Identification Number       |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |
| OTH   | Other                            |         |     |                             |     |                 |     |                                  |     |                    |      |                            |     |       |   |   |

**PRIVACY PROTECTION STATEMENT**

Pursuant to 15A NCAC 11 .1640(e), information recorded on this form may be protected from public disclosure because of their personal privacy nature. However, the limitations in this regulation are subject to and do not limit federal and state laws that may require disclosure.

**DOSE TO AN EMBRYO/FETUS**

Pursuant to 15A NCAC 11 .1640(f), the licensee or registrant shall maintain records of dose to an embryo/fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy shall also be maintained, but may be maintained separately from the dose record(s).