



CUMULATIVE OCCUPATIONAL DOSE HISTORY

State Form 9900469 (R0 / 9-26)

***Note: Social Security Numbers must not be visible on the outside of any package sent by mail.**

INDIANA DEPARTMENT OF HOMELAND SECURITY

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1. NAME (LAST, FIRST, MIDDLE INITIAL) _____			2. IDENTIFICATION NUMBER* _____		3. ID TYPE _____		4. SEX ☐ MALE ☐ FEMALE		5. DATE OF BIRTH (MM/DD/YYYY) _____	
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) _____-_____ _____			7. LICENSEE NAME _____		8. LICENSE NUMBER _____		9. ☐ RECORD ☐ ESTIMATE ☐ NO RECORD		10. ☐ ROUTINE ☐ PSE	
11a. EDEX _____	11b. DDE _____	12. LDE _____	13. SDE,WB _____	14. SDE,ME _____	15. CEDE _____	16. CDE _____	17. TEDE _____		18. TODE _____	
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) _____-_____ _____			7. LICENSEE NAME _____		8. LICENSE NUMBER _____		9. ☐ RECORD ☐ ESTIMATE ☐ NO RECORD		10. ☐ ROUTINE ☐ PSE	
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19. SIGNATURE OF MONITORED INDIVIDUAL _____			20. DATE SIGNED _____		21. CERTIFYING ORGANIZATION _____		22. SIGNATURE OF DESIGNEE _____		23. DATE SIGNED _____	

INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF DEPARTMENT FORM 4
(All doses should be stated in rems)

1. Type or print the full name of the monitored individual in order of last name (include "Jr," "Sr," "III," etc.), first name, middle initial (if applicable).
2. Enter the individual's identification number, do not include 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.
3. Enter the code for the type of identification used as shown below

CODE ID TYPE	
SSN	U.S. Social Security number
PPN	Passport Number
CSA	Canadian social Insurance Number
WPN	Work Permit Number
PADS	PADS Identification Number
OTH	Other
4. Check the box that denotes the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format (MM/DD/YYYY).
6. Enter the monitoring period for which the report is filed. The format should be (MM/DD/YYYY) - (MM/DD/YYYY).
7. Enter the name if the licensee or facility not licensed by the Department (or NRC) that provided monitoring.
8. Enter the Department (or NRC) license number or numbers.
9. Place an "X" in Record, Estimate or NO Record. 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 intends to assign the record dose on the basis of TLD results that are not yet available. If the individual or an organization has indicated that the individual was monitored, but the monitoring record could not be obtained, enter "No Record" for this monitoring period. The individual would not be available for a PSE. For monitoring periods during the current year where records are not available, reduce the individual's allowable dose by 1.25 rems for each quarter for which records were unavailable as required by 10 CFR 20.2104(e)(1).
10. 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.
 - 11A. EDEX – Enter the EDEX for the entire monitoring period (eg. Year). EDEX is the sum of the EDEX component determined using Department-approved special dosimetry methods (see RG 8.40) and the EDEX component estimated by the DDE for those time periods when not using Department- approved special dosimetry methods.

Note: If EDEX has been determined by measuring the DDE (at the highest exposed part of the whole body – see 10 CFR 20.1201(c)) for the entire monitoring period, then box 11a and 11b will be the same value.
 - 11B. DDE – Enter the DDE measured at the highest point on the whole body for the entire monitoring period (e.g. year – including those time periods where EDEX was being determined using Department-approved special dosimetry methods).
12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.
13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).
14. Enter the shallow dose equivalent recorded for the skin receiving the maximum dose (SDE, ME).
15. Enter the committed effective dose equivalent (CEDE).
16. Enter the committed dose equivalent (CDE) for the maximally exposed organ.
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of 11a and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum 11b and 16.
19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.
20. Enter the date this form was signed by the monitored individual.
21. [OPTIONAL] Enter the name of the licensee or facility not monitored by the Department, providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee and the employer chooses to maintain exposure records for its employees.
22. [OPTIONAL] Signature of the person designated to represent the licensee or employer entered on 21. The licensee or employer who chooses to countersign the form should have on file documentation of all the information on the Department Form 4 being signed.
23. [OPTIONAL] Enter the date this form was signed by the designated representative.