OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

State Form 9900470 (R0 / 9-26)

INDIANA DEPARTMENT OF HOMELAND SECURITY
RADIOACTIVE MATERIALS CONTROL PROGRAM
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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(S)	9A. ☐ RECORD ☐ ESTIMATE	9B. ☐ ROUTINE ☐ PSE
_____ - _____				

INTAKES

10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN µCi

DOSES (in rem)

EFFECTIVE DOSE EQUIVALENT (FOR EXTERNAL XPOSURES)	(EDEX)	11A.
DEEP DOSE EQUIVALENT (FOR THE ENTIRE MONITORING PERIOD)	(DDE)	11B.
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 11A AND 15)	**(TEDE)**	17.
TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11B AND 16)	**(TODE)**	18.

19. COMMENTS

20. SIGNATURE - LICENSEE	21. DATE PREPARED

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 form 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 of the licensee.

8. Enter the Department license number or numbers.

9A,. Place an “X” in Record or Estimate. Choose “Record” if the dose data listed represents 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.

9B. Place an “X” in either Routine or PSE. Choose “Routine” if the data represents 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

10A. Enter the symbol for each radionuclide that resulted in an internal exposure recorded for the individual, using the format “Xx-###x,” for instance Cs-137 or Tc-99m.

10B. Enter the lung clearance class as listed in Appendix B to 10 CFR Part 20.1001-2401 (D, W, Y, V, F, M, S, or O for other) for all intakes by inhalation.

10C. 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.”

10D. Enter the intake of each radionuclide in µCi.

11A. Enter the effective dose equivalent (EDEX).

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. COMMENTS: In the space provided, enter additional information that might be needed to determine compliance with limits. An example might be to enter the note that the SDE,ME was the result of exposure from a discrete hot particle. Another possibility would be to indicate that an overexposed report has been sent to the Department in reference to the exposure report.

20. Signature of the person designated to represent the licensee.

21. Enter the date the form was prepared.