



OCCUPATIONAL RADIATION EXPOSURE HISTORY

North Dakota Department of Health
 Radiation Control Program
 SFN 19443 2/06

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1. Name (last, first, middle initial)			2. Identification Number*			3. ID Type		4. Sex		5. Date of Birth		
6. Monitoring Period		7. Licensee or Registrant Name			8. Licensee or Registration Number(s)			9.		Record	10.	Routine
										Estimate		PSE
										No Record		
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE		18. TODE				
6. Monitoring Period		7. Licensee or Registrant Name			8. Licensee or Registration Number(s)			9.		Record	10.	Routine
										Estimate		PSE
										No Record		
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										Estimate		PSE
										No Record		
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE		18. TODE				
19. Signature of Monitored Individual			20. Date		21. Certifying Organization			22. Signature of Designee			23. Date	

INSTRUCTIONS AND ADDITIONAL INFORMATION

1. Type or print the full name of the monitored individual in the order of last name (include "Jr," "Sr," "III," etc.), first name, middle initial (if applicable).
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.
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, CSI - Canadian Social Insurance Number, WPN - Work Permit Number,
IND - INDEX Identification Number, OTH – Other

*PRIVACY NOTIFICATION: Submission of your social security number on this application form is voluntary. Social security numbers that are submitted will be held confidential in accordance with NDCC 44-04-28.

4. Enter the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format MM/DD/YY.
6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY - MM/DD/YY.
7. Enter the name of the licensee or registrant.
8. Enter the department license or registration 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 or registrant'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 to TLD results that are not yet available
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 or planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee or registrant should sum them and report the total of all PSEs.
11. Enter the deep dose equivalent (DDE) to the whole body.
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 of the extremity receiving the maximum dose (SDE, ME).
15. Enter the committed effective dose equivalent (CEDE) or "NR" for "Not Required" or NC for "Not Calculated".
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ or "NR" for "Not Required" or "NC" for "Not Calculated".
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.
19. Signature of 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, registrant or facility not licensed 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 or registrant and the employer chooses to maintain exposure records for its employees.
22. [OPTIONAL] Signature of the person designated to represent the licensee, registrant or employer entered in item 21. The licensee, registrant or employer who chooses to countersign the form should have on file documentation of all the information on the form being signed.
23. [OPTIONAL] Enter the date this form was signed by the designated representative.

Submit form to: North Dakota Department of Health, Air Quality Division, 2nd Floor, 918 East Divide Ave., Bismarck, ND 58501-1947.
Phone: 701-328-5188 Fax: 701-328-5185