



## CURRENT OCCUPATIONAL RADIATION EXPOSURE

North Dakota Department of Health  
 Radiation Control Program  
 SFN 8416 2/06

See page 2 for instructions

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	
6. Monitoring Record		7. Licensee or Registrant Name		8. License or Registration Number		9 a.		9 b.	
						RECORD		ROUTINE	
						ESTIMATE		PSE	
10 a. Radionuclide	10 b. Class	10 c. Mode	10 d. Intake In uCi	Doses (in rem)					
				Deep Dose Equivalent	(DDE)	11.			
				Eye Dose Equivalent to the Lens of the Eye	(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 Blocks (11+15)	(TEDE)	17.			
				Total Organ Dose Equivalent, Max Organ Blocks (11+16)	(TODE)	18.			
				19. Comments					
20. Signature – Licensee or Registrant				21. Date Prepared					

### 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. 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/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.
- 9a. 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 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 of TLD results that are not yet available.
- 9b. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring or routine exposures. Choose "PSE" if the listed 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 or registrant 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 Chapter 33-10-04.1 (D, W, Y, V, or O for other) for all intakes by inhalation.
- 10c. Enter the mode of intake. For absorption through the skin, enter "B". For oral ingestion, enter "G". For injection, enter "J".
- 10d. Enter the intake of each radionuclide in uCi.
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 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. 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 or registrant.
21. Enter the date this form was prepared.

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