

INSTRUCTIONS

1. Type or print the full name of the monitored person in the order of last name (include "Jr", "Sr", "III", etc.), first name, middle initial (if applicable).
2. Enter the person's 9-digit social security number, including punctuation. If the person has no social security number, enter the number from another official identification, including punctuation (see Code for the ID Type in #3 below).
3. Enter the code for the type of identification used below:

Code for the 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

4. Put an "X" in the box for the sex of the person being monitored.
5. Enter the date of birth of the person being monitored in the MM/DD/YYYY format.
6. Enter the monitoring period for which this report is filed in the MM/DD/YYYYMM/DD/YYYY format.
7. Enter the name of the licensee.
8. Enter the Vermont Department of Health license number or numbers.
- 9A. Place an "X" in the box for 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 Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. For example, the dose data based on self-reading dosimeter results and the licensee intends to assign the record dose based on thermoluminescent or optically stimulated luminescent dosimeter results that are not yet available. If the person or organization has indicated that the person was monitored, but the monitoring records could not be obtained, enter "No Record" for this monitoring period.

9B. Place an "X" in the box for Routine or PSE (Planned Special Exposure). 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 for all PSEs.

10A. Enter the symbol for each nuclide that resulted in an internal exposure recorded, for example "Cs-137" or "I-131".

10B. Enter the lung clearance class as listed in Appendix B to 10 CFR 20-2001-2401 (D, W, Y, V, M, S, or O for other) for all intakes by inhalation.

10C. Enter the mode of intake.

Mode of Intake

H Inhalation

B Absorption through the skin

G Oral ingestion

J Injection

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

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

11B. Enter the Deep Dose Equivalent (DDE) measured at the highest point on the whole body for the monitoring period (for example, the year including those time periods when EDEX was being determined using the Health-Department-approved special dosimetry methods).

12. Enter the lens 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 dose equivalent (CEDE).

16. Enter the committed dose equivalent (CDE) recorded 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 of items 11B and 16.

19. Comments: In the space provided, enter additional information that might be needed to determine compliance with the limits. An example is to enter the note that the SDE, ME was the result of exposure from a discrete hot particle. Another example is to indicate that an over-exposure report has been sent to the Health Department in reference to the exposure report.
20. Signature of the person designated to represent the licensee.
21. Enter the date the Occupational Dose Record for a Monitoring Period was completed.

Submit the Occupational Dose Record for a Monitoring Period Form to:

Vermont Department of Health
Environmental Health
Radiological Health Program
280 State Drive
Waterbury, VT 05671-8350

Email: AHS.VDHRadiologicalHealth@vermont.gov

Occupational Dose Record for a Monitoring Period

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	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 <input type="checkbox"/> ESTIMATE <input type="checkbox"/>
				9B. ROUTINE <input type="checkbox"/> PSE <input type="checkbox"/>

INTAKES				DOSES (in sievert or rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI	EFFECTIVE DOSE EQUIVALENT (INTERNAL) (EDEX)	11A.
				DEEP DOSE EQUIVALENT (ENTIRE PERIOD) (DDE)	11B.
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.
				SHALLOW DOSE EQUIVALENT (WB) (SDE, WB)	13.
				SHALLOW DOSE MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT MAX EXP ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (11A+15) (TEDE)	17.
				TOTAL ORGAN DOSE EQUIVALENT MAX EXP ORGAN (11B+16) (TODE)	18.
				19. COMMENTS	

20. SIGNATURE OF LICENSEE	21. DATE PREPARED
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