## ARKANSAS DEPARTMENT OF HEALTH RADIATION CONTROL SECTION

OCCUPATIONAL	. DOSE RECORD FOR	A MONITORING	PERIOD
--------------	-------------------	--------------	--------

1. Name (Last, First, Middle Initial)			2. Identification Number		3. ID Type		4. Sex	5.	Date of Birth	
								$\square$ M $\square$	F	
6. Monitoring Period 7. Licensee/Registrant Name		8. License/Registration Nu		umber(s) 9A.			9B.			
-					1			□ Record □ Estimate □ Ro		utine   PSE
INTAKES					DOCEC	) (in)				
10A. Radionuclide	10B. Class	10C. Mode	10D.	Intake in μCi	DOSES (in rem)					
					Effective D	ose Equiva	alent		(EDEX)	11A.
					Deep Dose	e Equivalen	t		(DDE)	11B.
					Lens Dose	Equivalen	t		(LDE)	12.
					Shallow Do	ose Equiva	lent, Whole Body	(5	SDE, WB)	13.
					Shallow Do	ose Equiva	lent, Max Extremity	(5	SDE, ME)	14.
					Committed	Effective [	Dose Equivalent		(CEDE)	15.
					Committed	Dose Equ	ivalent, Maximally	Exposed Orga	n (CDE)	16.
					TOTAL EF		DOSE EQUIVALE	NT	(TEDE)	17.
					TOTAL OF		E EQUIVALENT,	MAX ORGAN	(TODE)	18.
					19. Comm	ents				
20. Signature of License	e/Registrant	·	•					21. I	Date Prep	ared

## **INSTRUCTIONS FOR THE COMPLETION OF RC FORM 110**

- 1. Type or print the full name of the monitored individual in the order of last name (include "Jr.," "Sr.," "III," etc.), first name, then middle initial (if applicable).
- Enter the individual's identification number, including punctuation. This number should be the 9-digit social security number or other unique identifier.
- 3. Enter the code for the type of identification used as shown below:

OODL	<u>10 111 E</u>
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
PADS	PADS Identification Number
OTH	Other

ID TYPF

- 4. Mark the box that denotes the sex of the individual being monitored.
- Enter the date of birth of the individual being monitored in the format MM/DD/YYYY.
- Enter the monitoring period for which this report is filed. The format should be MM/DD/YYYY – MM/DD/YYYY.
- 7. Enter the name of the licensee/registrant.

CODE

- 8. Enter the pertinent license/registration number(s).
- 9A. Mark "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/ 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 Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report.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/registrant intends to assign the record dose on the basis of TLD results that are not yet available.
- 9B. Mark "Routine" or "PSE." Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represent 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/registrant should sum them and report the total of all PSEs.
- 10.A. Enter the symbol for each radionuclide that resulted in an internal exposure recorded for the individual, using the format "Xx-###x" (e.g., Cs-137 or Tc-99m).

- 10.B. Enter the lung clearance class as noted in Appendix G to Section 3 for all intakes by inhalation.
- 10.C. 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."
- 10.D. Enter the intake of each radionuclide in μCi.
- 11A. Enter the effective dose equivalent (EDEX). See NRC Regulatory Guide 8.40.
- 11B. Enter the deep dose equivalent (DDE) measured at the highest exposed part of the whole body for the entire monitoring period (e.g., a year – including those time periods when EDEX was being determined using Department-approved special dosimetry methods).
- Enter the lens dose equivalent (LDE).
- 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).
- Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.
- Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items
   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. 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 overexposure report has been sent to the Department in relation to this dose record.
- 20. Signature of the person designated to represent the licensee/registrant.
- 21. Enter the date this form was prepared.