Ohio Department of Health

DOSIMETRY REPORT FORM

(Must be completed by anyone receiving dosimetry)

PERSONAL IDENTIFICATION (Please Print)

Name (Last, First, MI)			Emergency Response Organization
Employee ID or SSN	DOB (mm/dd/yyyy)	Sex	Job Title
Home Mailing Address			Work Mailing Address
Home City/State/Zip			Work City/State/Zip
Home/Cell Phone Number ( )	Home E-Mail Address	Work Phone Number ( )	Work E-Mail Address

MISSION ASSIGNMENT

DATE	TIME	ACTIVITY/LOCATION	TEDE Dose Limit (rem)	Initial/Revised Dosimeter Limit (R)

DOSIMETER RECORD

Permanent Record Dosimeter (TLD/OSLD)		Date Issued	Time Issued		Date Returned	Time Returned	Date Of Reading	Final Reading
Serial								
Direct Reading Dosimeter		**Date Issued**	**Time Issued**	**Initial Reading**	**Date Returned**	**Time Returned**	**Return Reading**	**Mission Total**
Range	0-200R							
Serial								
Range	0-20R							
Serial								
Range	0-200mR*							
Serial								
Range	Electronic Dosimeter							
Serial								

*Few individuals will be issued these low range dosimeters.

RUNNING TOTAL OF EXPOSURE for current radiological incident

Previous Running Total of Exposure	+	Current Mission Total	=	Running Total of Exposure
	+		=	

RECORD OF POTASSIUM IODIDE ADMINISTRATION

DOSE	1	2	3	4	5
Date:					
Time:					

☐ I have read the warning and instructions for administering KI and understand the rationale for its use as well as potential side effects that may occur from its administration.

This record is correct and complete to the best of my knowledge.

Signature _____ Date _____

NOTE: WHEN COMPLETED THIS FORM CONTAINS PRIVACY ACT INFORMATION

DOSIMETRY REPORT FORM INSTRUCTIONS

CAUTION: Emergency workers shall be volunteers that have received information concerning the risks of radiation exposure, be at least 18 years of age, healthy and not allergic to iodine.

PRE-WORK INSTRUCTION:

1. Enter all your information in the Personal Identification section.
2. Enter the following information in the Dosimeter Record section: serial number, date issued for all dosimeters.
3. Record the applicable information in the Mission Assignment section.

Administrative Early-Phase Emergency Worker Dose and Dosimeter Limits		
Inside Emergency Planning Zone *County Response-Verify your Limits per your SOG	**TEDE Dose Limit**	**Initial / Default Dosimeter Limit**
Standard response functions	5 rem	1 R*
Protecting valuable property	10 rem	2 R*
Lifesaving or protection of large populations	25 rem	5 R*
Outside Emergency Planning Zone		
All activities	5 rem	5 R
Intermediate-Phase Occupational Dose and Dosimeter Limits (per year)		
Inside & Outside of the Restricted Zone		
All activities	5 rem	5 R

4. Read the Potassium Iodide (KI) information sheet accompanying the tablets and check the box indicating this has been completed.
5. Ensure your dosimeters have been zeroed.
6. Record any exposures from previous pages, if applicable, in the Running Total of Exposure section.
7. Place dosimeters and TLD/OSLD in your chest area outside of clothing. Place KI and Dosimetry Report Form inside the packet and carry it with you.

DURING MISSION OR SHIFT INSTRUCTION:

1. Listen for instructions concerning the following: dosimeter reading time intervals, changes to the dosimeter limit value and directions to take KI.
2. Read your dosimeters at the time interval directed or at least every 30 minutes.
3. Record any revisions to your Dosimeter Limit Value in the appropriate block of the Mission Assignment section
4. If applicable, record the date and time directed to take KI on your Record of Potassium Iodide Administration.
5. Report readings or discrepancies between dosimeters to your organization's dosimetry coordinator.
6. Do not exceed your Dosimeter Limit Value unless authorized by your organization's dosimetry coordinator.

COMPLETION OF MISSION, SHIFT, or TERMINATION OF INCIDENT INSTRUCTION:

1. Report to an Emergency Worker Monitoring and Decontamination Station.
2. Read your dosimeters and record information in the Dosimeter Record section:
   a. Date and time returned and ending reading.
   b. Calculate mission total (ending reading minus initial reading).
3. Record information in the Running Total of Exposure (previous running total of exposure plus this mission total).
4. Sign and date bottom of form and return all contents to your dosimetry coordinator.
5. Obtain the same packet for your next shift/mission & start a new Dosimetry Report Form.
6. If assigned a different coordinator, you are to take your running total dose with you.