

Ohio Department of Health Lifetime Occupational Exposure History

(NRC Form 4 Equivalent)

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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 period		7. Licensee or registrant name				8. License or registration number		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11. DDE <input type="checkbox"/> Sv <input type="checkbox"/> Rem	12. LDE <input type="checkbox"/> Sv <input type="checkbox"/> Rem	13. SDE,WB <input type="checkbox"/> Sv <input type="checkbox"/> Rem	14. SDE, ME <input type="checkbox"/> Sv <input type="checkbox"/> Rem	15. CEDE * <input type="checkbox"/> Sv <input type="checkbox"/> Rem	16. CDE* <input type="checkbox"/> Sv <input type="checkbox"/> Rem	17. TEDE <input type="checkbox"/> Sv <input type="checkbox"/> Rem	18. TODE* <input type="checkbox"/> Sv <input type="checkbox"/> Rem				
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19. Signature of monitored individual		20. Date signed / /		21. Certifying organization			22. Signature of designee			23. Date signed / /	

1. Type or print the full name of the monitored individual in the order of last name, first name, and middle initial.
2. Enter the individual's identification number including punctuation. This number should be the 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
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 of 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, registrant, or facility not licensed by the Ohio Department of Health, NRC, or other state that provided the monitoring (e.g. DOE).
8. Enter the Ohio, NRC, or other state license or registration number.
9. Place an "X" in appropriate box. 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.
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 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 of all PSEs.
11. Enter the deep dose equivalent (DDE) to the whole body and indicate by an "X" whether the units are in Sv or Rem.
12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye and indicate by an "X" whether the units are in Sv or Rem.
13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE,WB) and indicate by an "X" whether the units are in Sv or Rem.
14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose(SDE,ME) and indicate by an "X" whether the units are in Sv or Rem.
15. Enter the committed effective dose equivalent (CEDE) and indicate by an "X" whether the units are in Sv or Rem. (Licensees only, if applicable)
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ and indicate by an "X" whether the units are in Sv or Rem. (Licensees only, if applicable)
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15 and indicate by an "X" whether the units are in Sv or Rem.
18. Enter the total organ dose equivalent (TODE) and indicate by an "X" whether the units are in Sv or Rem. (Licensees only, if applicable)
19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information on this form is complete and correct to the best of his or her knowledge.
20. Enter the date that this form was signed by the monitored individual.
21. [Optional] Enter the name of the facility not licensed by ODH, the NRC, or other agreement state 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 company or facility entered in item 21. The person who chooses to countersign the form should have on file documentation of all the information on ODH Form 5101 (NRC Form 4 equivalent) being signed.
23. [Optional] Enter the date this form was signed by the designated representative.