

**Ohio Department of Health**  
**Occupational Exposure Record for a Monitoring Period**  
(NRC Form 5 equivalent)

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(s)		9a. <input type="checkbox"/> Record <input type="checkbox"/> Estimate		9b. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
Intakes <input type="checkbox"/> Bq <input type="checkbox"/> $\mu$ Ci (licensees only, if applicable)				Doses <input type="checkbox"/> Sv <input type="checkbox"/> Rem						
10a. Radionuclide	10b. Class	10c. Mode	10d. Intake							
				Deep Dose Equivalent (DDE)				11.		
				Eye Dose Equivalent (LDE)				12.		
				Shallow Dose Equivalent, Whole Body (SDE, WB)				13.		
				Shallow Dose Equivalent, Max Extremity (SDE, ME)				14.		
				Committed Effective Dose Equivalent (CEDE) <small>(if applicable, licensees only)</small>				15.		
				Committed Dose Equivalent, Maximally Exposed Organ (CDE) <small>(if applicable, licensees only)</small>				16.		
				Total Effective Dose Equivalent		Blocks 11 + 15	(TEDE)	17.		
				Total Organ Dose Equivalent <small>(if applicable, licensees only)</small>		Blocks 11 + 16	(TODE)	18.		
				19. Comments						
20. Signature—Licensee or Registrant							21. Date prepared			

## Instructions and Additional Information Pertinent to the Completion of HEA 5102 "Occupational Exposure Record for a Monitoring Period"

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 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	US 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 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 facility.
8. Enter the appropriate license or registration number(s).
- 9a. Place an "X" by 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 knowledge. Choose "estimate" only if the data listed are preliminary and will be superceded 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" by 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.

*Annotate by marking the appropriate check box whether units are in Bq or  $\mu$ Ci for nuclide intakes. (licensees only, if applicable)*

- 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 10 CFR 20 Appendix B for all intakes by inhalation (D, W, Y).
- 10c. Enter the mode of intake. For inhalation enter an "H". For absorption through the skin enter a "B". For oral ingestion enter a "G". For injection enter a "J".
- 10d. Enter the intake of each radionuclide.  
*Annotate by checking the appropriate box whether doses are recorded in Sv or Rem.*
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 recorded for the skin of the extremity receiving the maximum dose (SDE,ME).
15. Enter the committed effective dose equivalent (CEDE) recorded\*\*.
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 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 overexposure report was sent to the Ohio Department of Health, or other governing regulatory agency.
20. Signature of the person designated to represent the licensee or registrant.
21. Enter the date that this form was prepared

\*\* indicates licensee only, if applicable