

**Ohio Department of Health  
Radiologic Technology Section  
P.O. Box 118  
Columbus, Ohio 43266-0118**

**CONFIDENTIAL  
EMPLOYER'S PRESUMPTIVE OVEREXPOSURE REPORT**

**01. EMPLOYER**

1. Employer's Name	2. IRRP	3. Telephone No. (    )
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4. Registration No.	5. Mailing Address	City	State	Zip
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6. Location Where Exposure Occurred	7. Date of Exposure (Badge wear period)
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**02. NATURE OF EXPOSURE**

1. Name of Person Involved	2. Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	3. Social Security No.	4. Date of Birth
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5. Regular Occupation of Exposed Person	6. Operation Involved	7. Equipment Involved
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8. Experience at Occupation _____ years _____ months	9. Experience with Equipment _____ years _____ months
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10. Exposure as identified on dosimetry report  <input checked="" type="checkbox"/> Whole Body _____ millirems  <input checked="" type="checkbox"/> Hands & forearms: Feet & ankles _____ millirems  <input checked="" type="checkbox"/> Skin of Whole Body _____ millirems	11. Property Damage <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Estimate of property damage \$ _____ from loss of use  \$ _____ for decontamination, restoration, replacement
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12. Injury <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Nature and extent of injury _____  _____  _____  _____ days lost	13. Loss of operation of any facilities affected  <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Length of Time Operation Was Affected  _____
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**03. INVESTIGATION**

1. Summary of employee interview to include circumstances & cause(s) of exposure  Attached  Not applicable

2. Personnel monitoring reports which disclose presumptive overexposure  Attached  Not applicable

3. Summary statement from registrant to include cause of exposure, corrective steps taken or planned to assure against a recurrence, and date correction will be completed  Attached  Not applicable

**04. ACKNOWLEDGEMENT OF RECEIPT OF NOTIFICATION**

By my signature below I acknowledge receipt of the attached report of over exposure.

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Signature of Individual named in Item 02.1 Date

**05. CERTIFICATION**

"This report is furnished to you under the provisions of the Ohio Public Health Council's rules entitled 'General Radiation Protection Standards.' (Chapter 3701-38 of the Ohio Administrative Code) You should preserve this report for future reference."

The handler and any official executing this certificate on behalf of the handler hereby certifies that all information contained herein and in any attachments hereto, is true and correct to the best of their knowledge and belief.

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Signature and Title Date

**Distribution:**

\_\_\_ 1 Copy to Department  
\_\_\_ 1 Copy retained by handler  
\_\_\_ 1 Copy to individual named in Item 02.1