

**VIRGINIA DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH**

P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

CURRENT OCCUPATIONAL EXTERNAL RADIATION EXPOSURE

IDENTIFICATION

| | | | | | | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------|------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. Name (print – last, first, middle) and address | | 2. Social Security Number | | | | |
| | | 3. Date of Birth (month, day, year) | | | | |
| | | 4. Name of Employer | | | | |
| OCCUPATIONAL EXPOSURE | | | | | | |
| 5. Dose Recorded For (specify: whole body; skin of whole body; hands and forearms; feet and ankles) | | | 6. Whole Body Dose Status (rem) | | 7. Method of Monitoring (e.g. film badge; pocket chamber; calculated; TLD) X or Gamma _____ Beta _____ Neutrons _____ | |
| Initials of person making entry | Period of Exposure (from – to) | 8. Dose for the Period (rem) | | | 12. Total | 13. Running Total for Calendar Qtr. (rem) |
| | | 9. X or Gamma | 10. Beta | 11. Neutron | | |
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| LIFETIME ACCUMULATED DOSE | | | | | | |
| 14. Previous Total (rem) | 15. Total Quarterly Dose (date) (rem) | 16. Total Accumulated Dose (rem) | 17. Perm. Acc. Dose 5(N-18) (rem) | | 18. Unused Part of Accumulated Dose (rem) | |
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