

NRC FORM 4
(10/2001)
10 CFR PART 20

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB NO. 3150-0005

EXPIRES: 10/31/2004

CUMULATIVE OCCUPATIONAL DOSE HISTORY

Estimated burden per response to comply with this mandatory information collection request: 30 minutes. The record is used to ensure that doses to individuals do not exceed regulatory limits. This information is required to record an individual's lifetime occupational exposure to radiation to ensure that the cumulative exposure to radiation does not exceed regulatory limits. Send comments regarding the burden estimate to the Records Management Branch (T-6 F33), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to bj1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0005), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. NAME (LAST, FIRST, MIDDLE INITIAL)				2. IDENTIFICATION NUMBER				3. ID TYPE		4. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		5. DATE OF BIRTH (MM/DD/YYYY)			
6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)			7. LICENSEE NAME				8. LICENSE NUMBER			9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE PSE <input type="checkbox"/>			
11. DDE		12. LDE		13. SDE, WB		14. SDE, ME		15. CEDE		16. CDE		17. TEDE		18. TODD	
6. MONITORING PERIOD			7. LICENSEE NAME				8. LICENSE NUMBER			9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE PSE <input type="checkbox"/>			
11. DDE		12. LDE		13. SDE, WB		14. SDE, ME		15. CEDE		16. CDE		17. TEDE		18. TODD	
6. MONITORING PERIOD			7. LICENSEE NAME				8. LICENSE NUMBER			9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE PSE <input type="checkbox"/>			
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6. MONITORING PERIOD			7. LICENSEE NAME				8. LICENSE NUMBER			9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE PSE <input type="checkbox"/>			
11. DDE		12. LDE		13. SDE, WB		14. SDE, ME		15. CEDE		16. CDE		17. TEDE		18. TODD	
6. MONITORING PERIOD			7. LICENSEE NAME				8. LICENSE NUMBER			9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE PSE <input type="checkbox"/>			
11. DDE		12. LDE		13. SDE, WB		14. SDE, ME		15. CEDE		16. CDE		17. TEDE		18. TODD	
6. MONITORING PERIOD			7. LICENSEE NAME				8. LICENSE NUMBER			9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE PSE <input type="checkbox"/>			
11. DDE		12. LDE		13. SDE, WB		14. SDE, ME		15. CEDE		16. CDE		17. TEDE		18. TODD	
19. SIGNATURE OF MONITORED INDIVIDUAL				20. DATE SIGNED		21. CERTIFYING ORGANIZATION				22. SIGNATURE OF DESIGNEE				23. DATE SIGNED	

INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF NRC FORM 4 <i>(All doses should be stated in rems)</i>		PRIVACY ACT STATEMENT
<p>1. Type or print the full name of the monitored individual in the order of last name (include "Jr," "Sr," "III," etc.), first name, middle initial (if applicable).</p> <p>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.</p> <p>3. Enter the code for the type of identification used as shown below:</p> <p><u>CODE ID TYPE</u> SSN U.S. Social Security Number PPN Passport Number CSI Canadian Social Insurance Number WPN Work Permit Number PADS PADS Identification Number OTH Other</p> <p>4. Check the box that denotes the sex of the individual being monitored.</p> <p>5. Enter the date of birth of the individual being monitored in the format MM/DD/YYYY.</p> <p>6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YYYY - MM/DD/YYYY.</p> <p>7. Enter the name of the licensee or facility not licensed by NRC that provided monitoring.</p> <p>8. Enter the NRC license number or numbers.</p> <p>9. Place an "X" in Record, Estimate, or No Record. 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 listed dose data are preliminary and will be superseded 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.</p> <p>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.</p>	<p>If more than one PSE was received in a single year, the licensee should sum them and report the total of all PSEs.</p> <p>11. Enter the deep dose equivalent (DDE) to the whole body.</p> <p>12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.</p> <p>13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE,WB).</p> <p>14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE,ME).</p> <p>15. Enter the committed effective dose equivalent (CEDE).</p> <p>16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.</p> <p>17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.</p> <p>18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.</p> <p>19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.</p> <p>20. Enter the date this form was signed by the monitored individual.</p> <p>21. [OPTIONAL] Enter the name of the licensee or facility not licensed by NRC, providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee and the employer chooses to maintain exposure records for its employees.</p> <p>22. [OPTIONAL] Signature of the person designated to represent the licensee or employer entered in item 21. The licensee or employer who chooses to countersign the form should have on file documentation of all the information on the NRC Form 4 being signed.</p> <p>23. [OPTIONAL] Enter the date this form was signed by the designated representative.</p>	<p>Pursuant TO 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission (NRC) on NRC Form 4. This information is maintained in a system of records designated as NRC-27 and described at 65 Federal Register 56434 (September 18, 2000), or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, Maryland, or located in NRC's Agencywide Documents Access and Management System (ADAMS).</p> <p>1. AUTHORITY: 42 U.S.C. 2073, 2093, 2095, 2111, 2133, 2134, 2201(o) (1996); 10 CFR 20.2106, 20.2201-20.2204, and 20.2206 (2000); Executive Order 9397, November 22, 1943.</p> <p>2. PRINCIPAL PURPOSE(S): The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long-term exposure experience among types of licensees and among licensees within each type. Data on your exposure to radiation is available to you upon your request.</p> <p>3. ROUTINE USE(S): The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals monitored for radiation exposure while employed by or visiting or temporarily assigned to certain NRC licensed facilities; to return data provided by licensee upon request. The information may also be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, or Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.</p> <p>4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information, including social security number (identification number). The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or birth dates among the large number of persons on whom data is maintained and to assure that there are no missed doses or monitoring periods and an individual gets a complete dose history when requested. The licensee must complete NRC Form 5 on each individual for whom personnel monitoring is required under 10 CFR 20.2106. Failure to do so may subject the licensee to enforcement action in accordance with 10 CFR 20.2401.</p> <p>5. SYSTEM MANAGER(S) AND ADDRESS: REIRS Project Manager, Radiation Protection and Health Effects Branch, Division of Regulatory Applications, Office of Nuclear Regulatory Research, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001</p>