

New Hampshire Department of Health and Human Services, Radiological Health Section (DHHS/RHS) CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY						DHHS/RHS Form Y			
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	
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE <input type="checkbox"/> PSE <input type="checkbox"/>	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME		8. LICENSE OR REGISTRATION NUMBER		9. RECORD ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE <input type="checkbox"/> PSE <input type="checkbox"/>	
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11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
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 DHHS/RHS Form Y
(All doses should be stated in rems)**

- | <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.</p> <p>3. Enter the code for the type of identification used as shown below:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>CODE</u></th> <th style="text-align: left;"><u>ID TYPE</u></th> </tr> </thead> <tbody> <tr> <td>SSN</td> <td>U.S. Social Security Number (last 4-digits only)</td> </tr> <tr> <td>PPN</td> <td>Passport Number</td> </tr> <tr> <td>CSI</td> <td>Canadian Social Insurance Number</td> </tr> <tr> <td>WPN</td> <td>Work Permit Number</td> </tr> <tr> <td>IND</td> <td>INDEX Identification Number</td> </tr> <tr> <td>OTH</td> <td>Other</td> </tr> </tbody> </table> <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/YY.</p> <p>6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY - MM/DD/YY.</p> <p>7. Enter the name of the licensee or registrant that provided monitoring.</p> <p>8. Enter the license or registration 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 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. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee or registrant intends to assign the record dose on the basis of TLD results that are not yet available. Choose "No Record" if the individual or organization has indicated that the individual was monitored, but the monitoring records could not be obtained.</p> | <u>CODE</u> | <u>ID TYPE</u> | SSN | U.S. Social Security Number (last 4-digits only) | PPN | Passport Number | CSI | Canadian Social Insurance Number | WPN | Work Permit Number | IND | INDEX Identification Number | OTH | Other | <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. If more than one PSE was received in a single year, the licensee shall 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 lens 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 certifies 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 registrant providing monitoring for exposure to radiation 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.</p> | <p>22. [OPTIONAL] Signature of the person designated to represent the most recent licensee or registrant or current employer entered in item 21. The licensee or registrant who chooses to countersign the form shall have on file documentation of all the information on the DHHS/RHS Form Y being signed. It is recommended that the employer who chooses to countersign the form have on file documentation of all the information on the DHHS/RHS Form Y being signed.</p> <p>23. [OPTIONAL] Enter the date this form was signed by the designated representative.</p> |
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| <u>CODE</u> | <u>ID TYPE</u> | | | | | | | | | | | | | | | |
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