**OCCUPATIONAL EXPOSURE RECORD**

**FOR A MONITORING PERIOD**

1. NAME (LAST, FIRST, MIDDLE INITIAL)  
2. IDENTIFICATION NUMBER  
3. ID TYPE  
4. SEX  
5. DATE OF BIRTH  
   - MALE  
   - FEMALE

6. MONITORING PERIOD

7. LICENSEE OR REGISTRANT NAME

8. LICENSE OR REGISTRATION NUMBER(S)

9A. RECORD ROUTINE

9B. ESTIMATE PSE

10A. RADIONUCLIDE  
10B. CLASS  
10C. MODE  
10D. INTAKE IN kB or fCi

<table>
<thead>
<tr>
<th>Radionuclide</th>
<th>Class</th>
<th>Mode</th>
<th>Intake</th>
</tr>
</thead>
</table>

**DOSES (in centisievert (rem))**

11. DEEP DOSE EQUIVALENT (DDE)

12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)

13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)

14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)

15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)

16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)

17. TOTAL EFFECTIVE DOSE EQUIVALENT (TEDE)

18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (TODE)

19. COMMENTS

20. SIGNATURE – LICENSEE OR REGISTRANT

21. DATE PREPARED
INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE
COMPLETION OF MRCP FORM 120.200-3
(All doses should be stated in centisieverts (rems))

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).
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:

<table>
<thead>
<tr>
<th>CODE</th>
<th>ID TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN</td>
<td>U.S. Social Security Number</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>

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.
8. Enter the Agency license or registration number or
   numbers.
9A. Place an "X" in 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 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 intends
   to assign the record dose on the basis of TLD results that
   are not yet available.
9B. 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 or registrant should sum them and report the total of all
   PSEs.
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 Appendix B to Part D
   (D, W, Y, V, or O for other) for all intakes by inhalation.
10C. Enter the mode of intake. For inhalation, enter "H." For
   absorption through the skin, enter "B." For oral ingestion, enter
   "G." For injection, enter "J."
10D. Enter the intake of each radionuclide in kB or F
   Ci (1kB = 37 F
   Ci)
   Clearly indicate the unit used.
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) or "NR" for
   "Not Required" or "NC" for "Not Calculated".
16. Enter the committed dose equivalent (CDE) recorded for the
   maximally exposed organ or "NR" for "Not Required" or "NC"
   for "Not Calculated".
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. Signature of the person designated to represent the licensee or registrant.
20. Enter the date this form was prepared.
21. 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 overexposed report has
   been sent to the Agency in reference to the exposure report.