

## DOSIMETER APPLICATION AND RECORD OF OCCUPATIONAL RADIATION EXPOSURE

*Print legibly or type all information requested. See Privacy Act Statement on reverse.*

1. FULL NAME <i>(Last, First, Middle)</i>		2. DATE OF BIRTH <i>(YYMMDD)</i>	3. SOCIAL SECURITY NUMBER
4. DUTY SECTION <i>(Dept., Ward, Unit, etc.)</i>		5. JOB TITLE	
6. DUTY PHONE		7. PAY GRADE	
CIVILIAN <input type="checkbox"/>	MILITARY <input type="checkbox"/>	8. HAVE YOU WORN A DOSIMETER ISSUED BY THIS COMMAND IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. DATE OF RADIATION PHYSICAL <i>(YYMMDD)</i>		10. DUTY STATUS <input type="checkbox"/> PERMANENT  <input type="checkbox"/> TRANSIENT 6 WEEKS OR LESS	
IF TRANSIENT SHOW MAILING ADDRESS <i>(street address, city, state, zip code)</i> OF LOCATION OF HEALTH RECORDS			

### EXPOSURE INFORMATION *(ITEMS 11 THROUGH 20 FOR HEALTH PHYSICS USE ONLY)*

11. CLASSIFICATION OF EXPOSURE <input type="checkbox"/> EXTERNAL <input type="checkbox"/> NEUTRON <input type="checkbox"/> INTERNAL			
12. BADGES REQUIRED <input type="checkbox"/> WRIST <input type="checkbox"/> WHOLE-BODY <input type="checkbox"/> NEUTRON		13. TLD REQUIRED <input type="checkbox"/> WRIST <input type="checkbox"/> WHOLE-BODY <input type="checkbox"/> FINGER	
14. BIOASSAYS REQUIRED			
WHOLE-BODY COUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	THYROID UPTAKE <input type="checkbox"/> YES <input type="checkbox"/> NO	URINALYSIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY
<i>GIVE DATES FOR ITEMS 15 THROUGH 20 (YYMMDD)</i>			
15. DOSIMETER(S) ISSUED	16. DD FORM(S) 1141 INITIATED	17. DOSIMETER(S) DISCONTINUED	
18. LAST DOSIMETER(S) RETURNED	19. LOCATOR CARD TO HEALTH RECORD	20. DD FORM(S) 1141 TO MEDICAL RECORDS	

### OCCUPATIONAL EXPOSURE HISTORY

**NOTE:** This section only applies to the individual who has worked with radiation-producing devices or radioisotopes in a permanent status. List only those employers for whom you worked with radiation.

NAME OF EMPLOYER	ADDRESS <i>(street address, city, state, zip code)</i>	FROM		TO		<i>Do not write in this space</i>
		YR	MO	YR	MO	

TOTAL EXPOSURE DATA	
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REMARKS

PRIVACY ACT STATEMENT  
DATA REQUIRED BY THE PRIVACY ACT OF 1974  
(5 USC 552a)

1. TITLE OF FORM: Dosimeter Application and Record of Occupational Radiation Exposure.
2. PRESCRIBING DIRECTIVE: AR 40-14 and DLAR 4145.24.
3. AUTHORITY: 5 USC 301 - Departmental Regulation; 10 USC 1071, Medical and Dental Care, Purposes; 42 USC 2073, 2093, 2095, 2111, 2133, 2134, 2201(b), and 2201(o). The authority for soliciting the social security number is 10 CFR 20; 44 USC 3101 - Record Management by Agency Heads, General Duties.
4. PRINCIPAL PURPOSE(S): To establish qualification of personnel monitoring and document previous exposure history. The information is used in the evaluation of risk of exposure to ionizing radiation or radioactive materials. The data permits meaningful comparison of both current (short-term) and long-term exposure to ionizing radiation or radioactive material. Data on your exposure to ionizing radiation or radioactive material is available to you upon request.
5. ROUTINE USES: The information may be used to provide data to other Federal agencies, academic institutions, and non-governmental agencies, such as the National Council on Radiation Protection and Measurement and the National Research Council, involved in monitoring/evaluating exposures of individuals to ionizing radiation or radioactive materials who are employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. The information may also be disclosed to appropriate authorities in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding.
6. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information, including social security number; however, the installation or activity must maintain a completed DD Form 1141 on each individual occupationally exposed to ionizing radiation or radioactive material as required by 10 CFR 20, 29 CFR 1910.96 and AR 40-14/DLAR 4145.24. If information is not furnished, individual may not become a radiation worker. The social security number is used to assure that the Army/Agency has accurate identifier not subject to the coincidence of similar names or birthdates among the large number of persons on whom exposure data is maintained.

STATEMENT

Under the provisions of 10 CFR 19.13, 29 CFR 1910.96 and the Privacy Act of 1974, I hereby authorized the release of, and request that all of my radiation exposure records be furnished to appropriate authorities in accordance with the "Routine Uses" portion of the above Privacy Act Statement. As a radiation worker, I have been provided instructions in radiation protection as required by 10 CFR 19.12 and 29 CFR 1910.96. As a female radiation worker, I have been informed of the biological effects and the risks from ionizing radiation on the embryo-fetus and received a copy of NRC (Nuclear Regulatory Commission) guide 8.13. I will contact my supervisor or the radiation protection officer if I have any questions. I hereby certify that the exposure history listed on the obverse is correct and complete, to the best of my knowledge and belief. I have read and understand the above Privacy Act Statement.

\_\_\_\_\_  
Date (YYMMDD)

\_\_\_\_\_  
Signature of Applicant