



CUMULATIVE OCCUPATIONAL DOSE HISTORY

1. Name (Last, First, Middle Initial)			2. Identification Number		3. ID Type		4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Date of Birth		
6. Monitoring Period -			7. Licensee/Registrant Name		8. License/Registration Number(s)		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. Routine PSE		
11A. EDEX	11B. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD			
6. Monitoring Period -			7. Licensee/Registrant Name		8. License/Registration Number(s)		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. Routine PSE		
11A. EDEX	11B. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD			
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6. Monitoring Period -			7. Licensee/Registrant Name		8. License/Registration Number(s)		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No Record		10. Routine PSE		
11A. EDEX	11B. 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 FOR THE COMPLETION OF RC FORM 111

(All doses should be stated in rem.)

1. Type or print the full name of the monitored individual in the order of last name (include "Jr.," "Sr.," "III," etc.), first name, then middle initial (if applicable).
2. Enter the individual's identification number, including punctuation. This number should be the 9-digit social security number or other unique identifier.
3. Enter the code for the type of identification used as shown below:

<u>CODE</u>	<u>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

4. Mark 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/YYYY.
6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YYYY – MM/DD/YYYY.
7. Enter the name of the licensee/registrant or the facility not licensed/registered by the Department that provided monitoring.
8. Enter the pertinent license/registration number(s).
9. Mark "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/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/registrant intends to assign the record dose on the basis of TLD results that are not yet available. If the individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained, enter "No Record" for this monitoring period. The individual would not be available for a PSE. For monitoring periods during the current year where records are not available, reduce the individual's allowable dose by 1.25 rems for each quarter for which records were unavailable as required by RH-1500.d.5.A.
10. Mark "Routine" or "PSE." Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represent 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/registrant should sum them and report the total of all PSEs.
- 11.A. Enter the effective dose equivalent (EDEX). See NRC Regulatory Guide 8.40.
- 11.B. Enter the deep dose equivalent (DDE) measured at the highest exposed part of the whole body for the entire monitoring period (e.g., a year – including those time periods when EDEX was being determined using Department-approved special dosimetry methods).
12. Enter the lens dose equivalent (LDE).
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).
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11A and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11B and 16.
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.
20. Enter the date this form was signed by the monitored individual.
21. (Optional) Enter the name of the licensee/registrant or the facility not licensed/registered by the Department that is providing monitoring or the employer if the individual is not employed by the licensee/registrant and the employer chooses to maintain exposure records for its employees.
22. (Optional) Signature of the person designated to represent the licensee/registrant or employer entered in Item 21. The licensee/registrant or employer who chooses to countersign the form should have documentation on-file of all information on the RC FORM 111 being signed.
23. (Optional) Enter the date this form was signed by the designated representative.