

Agency Form Y

ALABAMA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF RADIATION CONTROL
CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY

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"/>	
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"/>	
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"/>	
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"/>	
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"/>	
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 AGENCY FORM Y
(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., 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:

Code	ID Type
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Security Insurance Number
WPN	Work Permit Number
IND	INDEX Identification Number
OTH	Other

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 of MM/DD/YY.
6. Enter the monitoring period for which this report is being filed. The format should be MM/DD/YY - MM/DD/YY.
7. Enter the name of the licensee or registrant that provided monitoring.
8. Enter the Agency license or registration number(s).
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 superceded 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.

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 or registrant should sum them and report the total of all PSEs.
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).
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 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 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 facility providing monitoring for exposure to radiation or the employer if the employer chooses to maintain exposure records for its employees.
22. [OPTIONAL] Signature of the person designated to represent the employer entered in Item 21. The employer who chooses to countersign the form should have on file documentation of all the information on the Agency Form Y being signed.
23. [OPTIONAL] Enter the date this form was signed by the designated representative.

The preparation and safekeeping of this form or a clear and legible record containing all the information required on this form is required pursuant to 420-3-26-.03(10) of "Standards For Protection Against Radiation," as an occupational exposure history. The form or records shall show each exposure to radiation or radioactive material and shall be signed by the individual who received the exposure. If the licensee or registrant is unable to obtain a complete record of an individual's current and previously accumulated occupational dose, the licensee or registrant shall assume in establishing administrative control procedures pursuant to 420-3-26-.03(6)(f) for the current year, that the allowable dose limit to the individual is reduced by 12.5 millisieverts (1.25 rem) for each quarter for which records were unavailable and the individual was engaged in activities that could have resulted in occupational radiation exposure and the individual is not available for planned special exposures. The licensee or registrant shall retain the records on Agency Form Y or equivalent until the Agency terminates each pertinent license or registration requiring this record. The licensee or registrant shall retain records used in preparing Agency Form Y or its equivalent for three years after the record is made. Upon termination of the license or registration, the licensee or registrant shall permanently store records on Agency Form Y or equivalent, or shall make provisions with the Agency for transfer to the Agency.