

Occupational Dose Record

February 2026

Below are instructions for completing an occupational dose record and the form.

Completed forms should be submitted to:

Radioactive Materials Program
Vermont Department of Health
280 State Drive
Waterbury, VT 05671-8350
Or

AHS.VDHRadiologicalHealth@vermont.gov

If you need help accessing or understanding this information, contact

AHS.VDHRadiologicalHealth@vermont.gov.

Identification

- Box 1 - Type or print the full name of the monitored person in the order of last name, first name, middle initial (if applicable).
- Box 2 - Enter the person's 9-digit social security number, including punctuation. If the person has no social security number, enter the number from another official identification, including punctuation (see Code for the ID Type in #3 below).
- Box 3 - Enter the code for the type of identification used below:
 - SSN - U.S. Social Security Number
 - PPN - Passport Number
 - CSI - Canadian Social Insurance Number
 - WPN - Work Permit Number
 - PADS - PADS Identification Number
 - OTH - Other
- Box 4 - Put an "X" in the box for the sex of the person being monitored.
- Box 5 - Enter the date of birth of the person being monitored in the MM/DD/YYYY format.
- Box 6 - Enter the monitoring period for which this report is filed in the MM/DD/YYYY format.
- Box 7 - Enter the name of the licensee.
- Box 8 - Enter the Vermont Department of Health license number or numbers.
- Box 9A - Place an "X" in the box for Record or Estimate.

- Choose “Record” if the dose data listed represents a final determination of the dose received to the best of the licensee’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- Choose “Estimate” only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report.
 - For example, the dose data based on self-reading dosimeter results and the licensee intends to assign the record dose based on thermoluminescent or optically stimulated luminescent dosimeter results that are not yet available. If the person or organization has indicated that the person was monitored, but the monitoring records could not be obtained, enter “No Record” for this monitoring period.
- Box 9B - Place an “X” in the box for Routine or PSE (Planned Special Exposure).
 - Choose “Routine” if the data represents 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 should sum them and report the total for all PSEs.

Intakes

- Box 10A - Enter the symbol for each nuclide that resulted in an internal exposure recorded.
 - For example “Cs-137” or “I-131”.
- Box 10 B - Enter the lung clearance class as listed in Appendix B to 10 CFR 20-2001-2401 (D, W, Y, V, M, S, or O for other) for all intakes by inhalation.
- Box 10C - Enter the mode of intake.
 - H - Inhalation
 - B - Absorption through the skin
 - G - Oral ingestion
 - J - Injection
- Box 10D - Enter the intake of each radionuclide in μCi .

Intakes

- Box 11A - Enter the effective dose equivalent (EDEX).
- Box 11B - Enter the Deep Dose Equivalent (DDE) measured at the highest point on the whole body for the monitoring period:
 - For example, the year including those time periods when EDEX was being determined

using the Health Department approved special dosimetry methods).

- Box 12 - Enter the lens dose equivalent (LDE) recorded for the lens of the eye.
- Box 13 - Enter the shallow dose equivalent recorded for the skin of the whole body (SDE WB).
- Box 14 - Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).
- Box 15 - Enter the committed dose equivalent (CEDE).
- Box 16 - Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.
- Box 17 - Enter the total effective dose equivalent (TEDE).
 - The TEDE is the sum of boxes 11A and 15.
- Box 18 - Enter the total organ dose equivalent (TODE) for the maximally exposed organ.
 - The TODE is the sum of boxes 11B and 16.
- Box 19 - Comments: In the space provided, enter additional information that might be needed to determine compliance with the limits. An example is to enter the note that the SDE, ME was the result of exposure from a discrete hot particle. Another example is to indicate that an over-exposure report has been sent to the Health Department in reference to the exposure report.

Miscellaneous

- Box 20 - Signature of the person designated to represent the licensee.
- Box 21 - Enter the date the Occupational Dose Record for a Monitoring Period was completed.

Blank Occupational Exposure Form

This form on the next page is easiest to fill out when printed. If you need help accessing this form, contact AHS.VDHRadiologicalHealth@vermont.gov.

Occupational Dose Record for a Monitoring Period

1. Name (First, last, middle initial)				2. Identification number		3. ID type		4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		5. Date of birth (MM/DD/YYYY)	
6. Monitoring period (MM/DD/YYYY-MM/DD/YYYY)				7. Licensee name		8. License numbers		9A. Record <input type="checkbox"/> Estimate <input type="checkbox"/>		9B. Routine <input type="checkbox"/> PSE <input type="checkbox"/>	
INTAKES				DOSES (in sievert or rem)							
10A. Radionuclide	10B. Class	10C. Mode	10D. Intake in μ Cl	Effective dose equivalent (Internal) (EDEX)				11A.			
				Deep dose equivalent (Entire period) (DDE)				11B.			
				Lens (Eye) Dose equivalent (LDE)				12.			
				Shallow dose equivalent (WB) (SDE, WB)				13.			
				Shallow dose max extremity (SDE, ME)				14.			
				Committed effective dose equivalent (CEDE)				15.			
				Committed dose equivalent max exposed organ (CDE)				16.			
				Total effective dose equivalent (11A+15) (TEDE)				17.			
				Total organ dose equivalent max exposed organ (11B+16) (TODE)				18.			
				19. Comments							
20. Signature of licensee								21. Date prepared			