

<b>NRC FORM 5</b> (MM-YYYY) 10 CFR PART 20	<b>U.S. NUCLEAR REGULATORY COMMISSION</b>	<b>APPROVED BY OMB NO.3150-0006</b>	<b>EXPIRES: MM/DD/YYYY</b>
<b>OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD</b>		Estimated burden per response to comply with this mandatory collection request: 20 minutes. This information is used to ensure that doses to individual do not exceed regulatory limits. This information is required to record/annually report individual occupational exposure to radiation to ensure that the exposure does not exceed regulatory limits. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to <a href="mailto:infocollects@nrc.gov">infocollects@nrc.gov</a> , and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0006), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.	

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 (MM/DD/YYYY)
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6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)	7. LICENSEE NAME	8. LICENSE NUMBER(S)	9A. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
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INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN $\mu$ CI		
				DEEP DOSE EQUIVALENT (DDE)	11.
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE,WB)	13.
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE,ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17.
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18.
				19. COMMENTS	

20. SIGNATURE - LICENSEE	21. DATE PREPARED
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