

**NRC FORM 5**  
(MM-YYYY)  
10 CFR PART 20

**U.S. NUCLEAR REGULATORY COMMISSION**

**OCCUPATIONAL DOSE RECORD  
FOR A MONITORING PERIOD**

**APPROVED BY OMB NO.3150-0006**      **EXPIRES: MM/DD/YYYY**

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 infocollects@nrc.gov, 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<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | 5. DATE OF BIRTH (MM/DD/YYYY)  |
| 6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY) | 7. LICENSEE NAME         | 8. LICENSE NUMBER(S) | 9A. <input type="checkbox"/> RECORD<br><input type="checkbox"/> ESTIMATE   | 9B. <input type="checkbox"/> ROUTINE<br><input type="checkbox"/> PSE |

| 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. |
|                   |            |           |                         | <b>TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)</b>       | 17. |
|                   |            |           |                         | <b>TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)</b> | 18. |
|                   |            |           |                         | 19. COMMENTS   |     |
|                   |            |           |                         |  |     |
|                   |            |           |                         |  |     |
|                   |            |           |                         |  |     |

|                          |                   |
|--------------------------|-------------------|
| 20. SIGNATURE - LICENSEE | 21. DATE PREPARED |
|--------------------------|-------------------|