

**Rapiscan<sup>®</sup>**  
**Laboratories**  
An OSI Systems Company

October 12, 2011

Office of Nuclear Material Safety and Safeguards  
U. S. Nuclear Regulatory Commission  
Washington, DC 20555-0001

Attention: Document Control Desk

Reference: Docket No. 70-7021

To whom it may concern:

Enclosed is the corrected Primary Dosimetry Issue Form from our radiation protection plan. The second page of the form originally submitted was mislabeled as Page 1 of 2. This has been corrected to read Page 2 of 2.

Please contact me if you have any questions.

Sincerely,



Ed Franco  
Radiation Safety Officer  
Rapiscan Laboratories  
(408) 961-9743

Encl: Primary Dosimetry Issue Form

cc. Marylin Diaz  
US Nuclear Regulatory Commission  
NMSS/FCS/FMB  
M.S. EBB2-C40M  
Washington, DC 20555

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Rapiscan Systems

NMSS 01

Rapiscan Laboratories, Inc.  
520 Almanor Ave, Sunnyvale, California 94085-3533 USA  
Telephone +1 408-727-0607 Facsimile +1-408-727-8748

## PRIMARY DOSIMERTY ENROLLMENT FORM

1. NAME			6. HOME MAILING ADDRESS		
LAST	FIRST	MIDDLE	_____		
_____			_____		
2. SSN			_____		
_____			_____		
3. DATE OF BIRTH			_____		
_____			_____		
4. SEX      "      MALE      "      FEMALE			_____		
5. DEPARTMENT ASSIGNED:			_____		
_____			_____		

**EXPOSURE INFORMATION**

8. NOT INCLUDING THIS FACILITY - HAVE YOU EVER BEEN MONITORED - BY FILM BADGE OR TLD - FOR OCCUPATIONAL DOSE TO RADIATION? (CIRCLE ONE)      YES\*      NO
9. NOT INCLUDING THIS FACILITY - HAVE YOU BEEN MONITORED - BY FILM BADGE OR TLD - FOR OCCUPATIONAL DOSE TO RADIATION DURING THE CURRENT CALENDAR YEAR? (CIRCLE ONE)      YES\*      NO
10. HAVE YOU EVER BEEN MONITORED FOR OCCUPATIONAL DOSE BY THIS FACILITY? (CIRCLE ONE)      YES      NO

*\* IF YOU ANSWERED YES TO ITEMS 8 AND/OR 9, LIST ALL FACILITIES WHERE YOU WERE MONITORED ON PAGE 2.*

11. I HAVE RECEIVED AN (CHECK ONE)       ESTIMATED       RECORD  
 OCCUPATIONAL DOSE (TEDE) IN THIS CURRENT YEAR \_\_\_\_\_ OF \_\_\_\_\_ REM (INCLUDE ZERO  
 IF MONITORED, BUT NO DOSE RECEIVED)      (Initials) \_\_\_\_\_

**OR**

12. I HAVE NOT RECEIVED OR BEEN MONITORED FOR AN OCCUPATIONAL DOSE (TEDE) IN THIS CURRENT YEAR \_\_\_\_\_ (State the Year - Ex. 2004)      (Initials) \_\_\_\_\_

**BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THIS INFORMATION SHALL BE USED TO DETERMINE MY ALLOWABLE CURRENT YEAR OCCUPATIONAL DOSE.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RSO USE ONLY**

TLD NUMBER ASSIGNED: \_\_\_\_\_

**LIST FACILITIES WHERE YOU WERE MONITORED DURING THE CURRENT OR PREVIOUS YEARS AND THE DOSE RECEIVED BELOW. IF YOU HAVE DOSE RECORDS AVAILABLE, PLEASE INCLUDE COPIES IN THIS PACKAGE.**

NAME/ADDRESS OF FACILITY	DATES YOU WERE MONITORED	DOSE RECEIVED (REM)	
		DDE	CEDE
		LDE	CDE
		SDE, WB	TEDE
		SDE, ME	TODE
ARE THESE EXPOSURES RECORD OR ESTIMATE?		ARE THESE ROUTINE OR PLANNED SPECIAL EXPOSURES?	
<input type="checkbox"/> RECORD	<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> PSE

NAME/ADDRESS OF FACILITY	DATES YOU WERE MONITORED	DOSE RECEIVED (REM)	
		DDE	CEDE
		LDE	CDE
		SDE, WB	TEDE
		SDE, ME	TODE
ARE THESE EXPOSURES RECORD OR ESTIMATE?		ARE THESE ROUTINE OR PLANNED SPECIAL EXPOSURES?	
<input type="checkbox"/> RECORD	<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> PSE

NAME/ADDRESS OF FACILITY	DATES YOU WERE MONITORED	DOSE RECEIVED (REM)	
		DDE	CEDE
		LDE	CDE
		SDE, WB	TEDE
		SDE, ME	TODE
ARE THESE EXPOSURES RECORD OR ESTIMATE?		ARE THESE ROUTINE OR PLANNED SPECIAL EXPOSURES?	
<input type="checkbox"/> RECORD	<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> PSE

NAME/ADDRESS OF FACILITY	DATES YOU WERE MONITORED	DOSE RECEIVED (REM)	
		DDE	CEDE
		LDE	CDE
		SDE, WB	TEDE
		SDE, ME	TODE
ARE THESE EXPOSURES RECORD OR ESTIMATE?		ARE THESE ROUTINE OR PLANNED SPECIAL EXPOSURES?	
<input type="checkbox"/> RECORD	<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> PSE

**BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_