## SUGGESTED DRAFT FORMAT FOR THE REPORTING OF RECORDED PERSONNEL WHOLE BODY EXPOSURES FOR CALENDAR YEAR 19

Licensee Reporting (Name & Address)	NRC License No(s).
P.O. Box 590 Autora, Illinois 60507	-N/A 12-17935
DURING THE YEAR,	THE FOLLOWING TABLE:
Ranges * (Rems)	Number of Individuals AFF
No Measurable Exposure	
Measurable Exposure Less Than 0.100	V
0.100 0.250	
0.250 0.500	
0.500 0.750	
0.750 1.000	
1.000 2.000	
2.000 3.000	
3,000 4,000	
4.000 5.000	
5.000 6.000	
6.000 7.000	
7.000 8.000	
8.000 9.000	
9.000 10.000	
0.000 11.000	
1.000 12.600	
> 12.000	
	number of individuals reported
The above information is submitted for the personnel monitoring was (check one):	total number of individuals for whom
required under 10 CFR 20.202(a) year.	or 10 CFR 34.33(a) during the calendar
provided during the calendar yea	r.
*Individual values exactly equal to the va be reported in the higher range.	lues separating exposure ranges shall
Report prepared by:	* 1
Hame tento F. X	Varion Telephone Number

NUCLEAR REGULATORY COMMISSION WASHINGTON, C. C. 20556

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