

SUGGESTED DRAFT FORMAT FOR THE REPORTING OF RECORDED
PERSONNEL WHOLE BODY EXPOSURES FOR CALENDAR YEAR 1979

Licensee Reporting (Name & Address) <i>Bronson Methodist Hospital</i> <i>252 East Lovell St.</i> <i>Kalamazoo, MI 49007</i>	NRC License No(s). <u>21-13125-01</u> <u>SUB-1045</u>
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IF PERSONNEL MONITORING WAS NOT REQUIRED DURING THE YEAR, CHECK THIS BOX.

OTHERWISE, COMPLETE THE FOLLOWING TABLE:

Annual Whole Body Dose Ranges * (Rems)	Number of Individuals in Each Range
No Measurable Exposure	4
Measurable Exposure Less Than 0.100	16
0.100 -- 0.250	1
0.250 -- 0.500	1
0.500 -- 0.750	0
0.750 -- 1.000	0
1.000 -- 2.000	0
2.000 -- 3.000	0
3.000 -- 4.000	0
4.000 -- 5.000	0
5.000 -- 6.000	0
6.000 -- 7.000	0
7.000 -- 8.000	0
8.000 -- 9.000	0
9.000 -- 10.000	0
10.000 -- 11.000	0
11.000 -- 12.000	0
> 12.000	0
Total number of individuals reported <u>22</u>	

The above information is submitted for the total number of individuals for whom personnel monitoring was (check one):

- required under 10 CFR 20.202(a) or 10 CFR 34.33(a) during the calendar year.
- provided during the calendar year.

*Individual values exactly equal to the values separating exposure ranges shall be reported in the higher range.

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 Name Telephone Number