

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

Licensee Reporting (Name & Address) State Mutual Life Assurance of America 440 Lincoln Street Worcester, MA 01605	NRC License No(s). 20-08255-01
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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
X No Measurable Exposure	1
Measurable Exposure Less Than 0.100	
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	
10.000 -- 11.000	
11.000 -- 12.000	
> 12.000	

Total number of individuals reported 1

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) of 10 CFR 34.33(a) during the calendar year.
- provided during the calendar year.

*N00X
5/01*

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