

NOTICE TO EMPLOYEES

Arkansas Department of Health STANDARDS FOR PROTECTION AGAINST RADIATION

The Arkansas Department of Health (ADH) has adopted regulations with standards to protect you from hazards associated with radioactive materials and radiation emitting machines which are licensed or registered by ADH. In particular, the following information is available for your review:

Section 3: Standards for Protection Against Radiation
Part N: Notice, Instructions, and Reports to Workers; Inspections
Any other documents your employer must provide.

These may be found at the following location:

YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to:

1. Comply with all applicable regulations and the conditions of the license or registration.
2. Post or otherwise make available to you a copy of the regulations, licenses, and operating procedures which apply to work in which you are engaged, and explain the provisions to you.

YOUR RESPONSIBILITY AS A WORKER

You should:

1. Know the provisions of the ADH regulations, the precautions, the operating procedures, and the emergency procedures which apply to your work.
2. Observe the provisions of your own protection and for the protection of your co-workers.
3. Report unsafe working conditions or violations of the license or registration conditions or regulations to ADH.

REPORTS OF YOUR RADIATION EXPOSURE HISTORY

1. The ADH regulations specify the occupational limits for radiation exposure including concentrations of radioactive material in air and water. These regulations require your employer to give you a written report if you receive exposure in excess of any applicable limit. The limits on your exposure are contained in RH-1200, RH-1206, and RH-1207. While these are the maximum allowable limits, your employer should keep your radiation exposure below those limits as is reasonably achievable.
2. If you work where personnel monitoring is required and request information on your radiation exposures,
 - a. your employer must advise you annually of your exposure to radiation, and
 - b. upon termination of employment, your employer must give you a written report of you radiation exposures.
 - c. A report of any exposure in excess of a limit must be reported to you.

INSPECTIONS: All licensed or registered activities are subject to inspection by the ADH.

INQUIRIES

Direct all inquiries on matters outlined above to: **ADH, Radiation Control Section, 4815 West Markham Street, Mail Slot 30, Little Rock, Arkansas 72205-3867 or to (501)661-2301. For emergencies, call (800) 633-1735.**

POSTING REQUIREMENT: In accordance with RH-2802, copies of this notice must be posted in every establishment where employees are engaged in activities licensed or registered by the ADH. Posting must permit employees working in or frequenting any portion of a restricted area to observe a copy on the way to or from their place of employment.

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

1. Name: Last, First, Middle Initial				2. Identification Name	3. ID Type	4. Sex – M or F	5. Date of Birth	
6. Monitoring Period		7. Licensee or Registrant Name			8. Licensee or Registration Number		9B. Record or Estimate	9B. Routine or PSE
INTAKES				DOSES (in rem)				
10A. Radionuclide	10B. Class	10C. Mode	10D. Intake in μCi					
				Deep Dose Equivalent (DDE)			11.	
				Eye Dose Equivalent to the lens of the eye (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.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (TEDE) (Blocks 11 & 15)			17.	
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (TODE) (Blocks 11 & 16)			18.	
				19. Comments				
20. Signature of Licensee or Registrant							21. Date Prepared	

ARKANSAS DEPARTMENT OF HEALTH
INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF FORM Y

1. Type or print the full name of the monitored individual in the order of last name (include Jr., Sr., III, etc.), first name, and middle name (if applicable).
2. Enter the individual's identification number, including punctuation. This number should be the 9 digit social security number or other unique identifier.
3. Enter the code for the type of identification used as follows:

<u>CODE</u>	<u>ID TYPE</u>
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
IND	Index Identification Number
OTH	Other
4. Circle the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format MM/DD/YY.
6. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY – MM/DD/YY.
7. Enter the name of the licensee or registrant.
8. Enter the Agency license or registration number or numbers.
- 9A. Circle either Record or Estimate. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's or registrant's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results, and the licensee intends to assign the record dose on the basis of TLD results that are not yet available.
- 9B. Circle either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represent the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee or registrant should sum them and report the total of all PSE's.
- 10.A. Enter the symbol for each radionuclide that resulted in an internal exposure recorded for the individual, using the format "Xx-###x" (for instance, Cs-137 or Tc-99m).
- 10.B. Enter the lung clearance class as noted in Appendix G to Section 3 (D, W, Y, V, or O for other) for all intakes by inhalation.
- 10.C. Enter the mode of intake. For inhalation, enter "II." For absorption through the skin, enter "B." For oral ingestion, enter "O." For injection, enter "J."
- 10.D. Enter the intake of each radionuclide in μCi .
11. Enter the deep dose equivalent (DDE) to the whole body.
12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.
13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).
14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).
15. Enter the committed effective dose equivalent or "NR" for "Not Required" or "NC" for "Not Calculated."
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ or "NR" for "Not Required" or "NC" for "Not Calculated."
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.
19. Signature of the person designated to represent the licensee or registrant.
20. Enter the date this form was prepared.
21. In the space provided for comments, enter additional information that might be needed to determine compliance with limits. An example might be to enter the note that the SDE, ME was the result of exposure from a discrete, hot particle. Another possibility would be to indicate that an overexposure report has been sent to the Agency in reference to the exposure report.

(All doses should be stated in rem.)

CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY							
1. Name: Last, First, Middle Initial			2. Identification Name		3. ID Type	4. Sex – M or F	5. Date of Birth
6. Monitoring Period		7. Licensee or Registrant Name		8. License or Registration Number		9. Record/ Estimate/ No Record	10. Routine or PSE
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODÉ
6. Monitoring Period		7. Licensee or Registrant Name		8. License or Registration Number		9. Record/ Estimate/ No Record	10. Routine or PSE
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODÉ
6. Monitoring Period		7. Licensee or Registrant Name		8. License or Registration Number		9. Record/ Estimate/ No Record	10. Routine or PSE
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODÉ
6. Monitoring Period		7. Licensee or Registrant Name		8. License or Registration Number		9. Record/ Estimate/ No Record	10. Routine or PSE
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODÉ
19. Signature of Monitored Individual		20. Date Signed	21. Certifying Organization		22. Signature of Designee		23. Date Signed

ARKANSAS DEPARTMENT OF HEALTH
INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF FORM Z

9. Type or print the full name of the monitored individual in the order of last name (include Jr., Sr., III, etc.), first name, and middle name (if applicable).
10. Enter the individual's identification number, including punctuation. This number should be the 9 digit social security number or other unique identifier.
11. Enter the code for the type of identification used as follows:

<u>CODE</u>	<u>ID TYPE</u>
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
IND	Index Identification Number
OTH	Other
12. Circle the sex of the individual being monitored.
13. Enter the date of birth of the individual being monitored in the format MM/DD/YY.
14. Enter the monitoring period for which this report is filed. The format should be MM/DD/YY – MM/DD/YY.
15. Enter the name of the licensee, registrant, or facility not licensed by the Agency that provided monitoring.
16. Enter the Agency license or registration number or numbers.
17. Circle either Record, Estimate, or No Record. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's or registrant's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results, and the licensee or registrant intends to assign the record dose on the basis of TLD results that are not yet available.
18. Circle either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represent the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee or registrant should sum them and report the total of all PSE's.
19. Enter the deep dose equivalent (DDE) to the whole body.
20. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.
21. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).
22. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).
23. Enter the committed effective dose equivalent (CEDE).
24. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.
25. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.
26. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.
27. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.
28. Enter the date this form was signed by the monitored individual.
29. (Optional) Enter the name of the licensee, registrant, or facility not licensed by the Agency providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee or registrant and the employer chooses to maintain exposure records for its employees.
30. (Optional) Signature of the person designated to represent the licensee, registrant, or employer entered in item 21. The licensee, registrant, or employer who chooses to countersign the form should have on-file documentation of all the information on the Agency Form Y being signed.
31. (Optional) Enter the date this form was signed by the designated representative.

(All doses should be stated in rem.)