



Cumulative Occupational Dose History

Lifetime Cumulative Dose or Prior Occupational Dose for Current Year



Pursuant to NAC 459.039

NAC 459.365(4)

A licensee or registrant shall record the history of exposure of each person, as required by subsection 1, on a form regarding history of cumulative occupational exposure, and shall include all the information required by that form. The form must show each period in which the person received occupational exposure to radiation or radioactive material and must be signed by that person. For each period for which the licensee or registrant obtains a report, the licensee or registrant shall use the dose shown in the report in preparing the form regarding history of cumulative occupational exposure. For any period in which the licensee or registrant does not obtain a report, the licensee or registrant shall place a notation on the form regarding history of cumulative occupational exposure indicating the periods for which data is not available.

1. NAME (LAST, FIRST, MIDDLE INITIAL)			2. IDENTIFICATION NUMBER		3. ID TYPE		4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH (MM/DD/YYYY)	
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY)			7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD		10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11a. EDEX	11b. DDE	12. LDE	13. SDE,WB	14. SDE,ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY)			7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD		10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
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11a. EDEX	11b. DDE	12. LDE	13. SDE,WB	14. SDE,ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
19. SIGNATURE OF MONITORED INDIVIDUAL			20. DATE SIGNED		21. CERTIFYING ORGANIZATION		22. SIGNATURE OF DESIGNEE		23. DATE SIGNED	

**INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE
COMPLETION OF NRCP FORM 5**

(All doses should be stated in rems)

1. Type or print the full name of the monitored individual in the order of last name (include "Jr," "Sr," "III," etc.), first name, middle initial (if applicable).
2. Enter the individual's identification number, do not include punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification such as a passport or work permit.
3. Enter the code for the type of identification used as shown below:

CODE	ID TYPE
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
PADS	PADS Identification Number
OTH	Other
4. Check the box that denotes the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format (MM/DD/YYYY).
6. Enter the monitoring period for which this report is filed. The format should be (MM/DD/YYYY) - (MM/DD/YYYY).
7. Enter the name of the licensee not licensed by the Radiation Control Program (RCP) that provided monitoring.
8. Enter the RCP license number or numbers.
9. Place an "X" in 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 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. If the individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained, enter "No Record" for this monitoring period. The individual would not be available for a PSE. For monitoring periods during the current year where records are not available, reduce the individual's allowable dose by 1.25 rems for each quarter for which records were unavailable as required by NAC 459.365(6)(a).
10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period.
- 11A. EDEX – Enter the EDEX for the entire monitoring period (e.g., year). EDEX is the sum of the EDEX component determined using RCP-approved special dosimetry methods (see RG 8.40) and the EDEX component estimated by the DDE for those time periods when not using RCP-approved special dosimetry methods.

Note: If EDEX has been determined by measuring the DDE (at the highest exposed part of the whole body – see NAC 459.325(3)) for the entire monitoring period, then box 11a and 11b will have the same value.
- 11B. DDE – Enter the DDE measured at the highest point on the whole body for the entire monitoring period (e.g., year – including those time periods when EDEX was being determined using RCP-approved special dosimetry methods).
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 (CEDE).
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11a and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11b and 16.
19. 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.
20. Enter the date this form was signed by the monitored individual.
21. [OPTIONAL] Enter the name of the licensee or facility not licensed by RCP, providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee and the employer chooses to maintain exposure records for its employees.
22. [OPTIONAL] Signature of the person designated to represent the licensee or employer entered in item 21. The licensee or employer who chooses to countersign the form should have on file documentation of all the information on the RCP Form 5 being signed.
23. [OPTIONAL] Enter the date this form was signed by the designated representative.