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NRC FORM 5 9-2004)	RM 5 U.S. NUCLEAR REGULATORY CO			APPROVED BY O	MB NO.3150-0006	EXF	PIRES: 09/30/2007
OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				Estimated burden per response to comply with this mandatory collection request: 20 minutes. This information is used to ensure that doses to individual do not exceed regulatory limits. This information is required to record/annually report individual occupational exposure to radiation to ensure that the exposure does not exceed regulatory limits. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0006), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.			
I. NAME (LAST, FIRST, MIDDLE INITIAL)			DENTIFICATION NUMBER		3. ID TYPE	4. SEX  MALE  FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
S. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY) 7. LICENSEE NAME				8. LICENSE NUMBER(S)		9A.  RECORD  SSTIMATE	9B.  ROUTINE PSE
INTAKES							
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN FCi	DOSES		6 (in rem)	
				DEEP DOSE EQUI	IVALENT	(DDE)	11.
				LENS (EYE) DOSE	EQUIVALENT	(LDE)	12.
				SHALLOW DOSE I WHOLE BODY	EQUIVALENT,	(SDE,WB)	13.
				SHALLOW DOSE I MAX EXTREMITY	EQUIVALENT,	(SDE,ME)	14.
				COMMITTED EFFE DOSE EQUIVALEN		(CEDE)	15.
				COMMITTED DOS MAXIMALLY EXPO	OSED ORGAN	` ′	16.
				101AL EFFECTIV	(ADD BLOCKS 11		17.
				MAX ORGAN	OSE EQUIVALENT (ADD BLOCKS 11	AND 16) (TODE)	18.
				19. COMMENTS			
20. SIGNATURE - LICENSEE			,	-		21. DATE PREPARED	