MIRION TECHNOLOGIES

Reports Overview

dosimetry services

A Mirion Technologies Division

Featuring:

Global Dosimetry Solutions

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OVERVIEW

This Reports Overview booklet provides descriptions and samples of the reports that are available through your service with Mirion Technologies Dosimetry Services Division.

Mirion Technologies Dosimetry Services Division, featuring the Global Dosimetry Solutions brand provides time efficient monitoring programs tailored to your requirements. Analysis and processing of dosimetry data is based on state-of-the-art dose assessment algorithms, precision processing standards and equipment. Each report is reviewed to ensure complete integrity of the results. Whether you require weekly, monthly or quarterly reports, rest assured that each report will provide complete and accurate information regarding radiation amounts, and individual exposure levels for each badge.

With us, you can always document the radiological safety of your office or operational environment. Every report provides the information needed to meet government regulations. All processing and services are performed at the Dosimetry Services Division headquarters located in Irvine, California. Badge data is stored in archival retention vaults and can be re-evaluated if necessary.

When you select Mirion Technologies Dosimetry Services for your dosimetry program you will be working with a company that has been creating custom solutions to meet the needs of its customers for the past 35 years.

REPORT DESCRIPTIONS

OCCUPATIONAL RADIATION EXPOSURE
The Occupational Radiation Report is the standard report for dose reporting. This report lists all personnel in a company or institution by location for which badges have been returned for processing. The report includes the monitoring period, the dose equivalent for the current monitoring period, quarter to date, year to date and lifetime to date dose for each returned badge.

ALARA EXPOSURE
The ALARA Exposure report is used by Radiation Safety Officers (RSO) or account authorized representatives to evaluate the dose segregation for monitored individuals who exceed default Level I or Level II quarter to date or year to date dose thresholds, or facility specified threshold values. The report also provides the percentage of the regulatory limit the quarter to date or year to date dose values represent. This report only includes individuals who exceed the threshold dose values.

ALARA LETTER
The ALARA letter details the same information as the ALARA Exposure Report but in a printed letter format. The RSO can provide this letter to the wearer.

HISTORY DETAIL
The History Detail Report illustrates the dose history detail by wearer, badge type, wear date, and process number. The report is generally generated as a spreadsheet and can be used to quickly review the detailed processing history of an individual.

ANNUAL INDIVIDUAL SUMMARY FORM 5
The Annual Form 5 Report is for a specific individual and provides the following:

- Deep dose equivalent
- Shallow dose equivalent whole body
- Eye dose equivalent to the lens of the eye
- Shallow dose equivalent maximum extremity
- Total effective dose equivalent
- Total organ dose equivalent for a specific monitoring period
- Specific internal dose to organs (if provided by the facility)

This report by default is for the current year to date, but is also available each quarter with year to date information.

STATISTICAL SUMMARY
The Statistical Summary Report provides a breakdown by dose levels (deep dose reported in Rem) the number of dosimeter reported doses within each level. The report can be prepared to reflect a single location or all locations. If a person wears two dosimeters, each dosimeter's cumulative dose will be categorized into one of the dose levels. Therefore, this report does not provide the number of individuals in each level, rather the number of dosimeters reported.

TOTAL DOSE
The Total Dose Report is a report that provides the total dose received by an individual during a time specific period from all accounts or locations monitored for the individual. The report may also provide lifetime data if that information is provided to the current service provider. Due to State and Federal Privacy Act requirements, the facility's authorized representative and the individual monitored are required to sign a waiver form in order for the individual's dose history to be included in the Total Dose Report.

DOSE MANAGEMENT
The Dose Management Report consists of three separate reports:

1. The Individual Summary Report- provides information on the number of dosimeters returned for processing for each wearer by dose type. Results are summarized per wear period.

REPORT DESCRIPTIONS cont.

2. The Location Summary- provides the same information as the individual report, but includes data on the average dose per dosimeter reported by type for each specific wear period.

3. The Account or Facility Summary Report- provides information on the number of dosimeters returned for processing for each wearer and reported for each dose type. Results cover per month, quarter and year, for the entire account, average dose per dosimeter reported, and various dose type reported for each specific wear period.

PRELIMINARY RADIATION EXPOSURE

For emergency situations, the Preliminary Radiation Exposure report can be provided for informational purposes only to a client prior to receiving the official Occupation Radiation Exposure Report.

DOSE ADJUSTMENT CONFIRMATION

The Dose Adjustment Confirmation Report includes documentation verifying a change in dose history since the last Occupational Radiation Exposure Report was provided to the facility. Upon receipt of a written request by the Radiation Safety Officer or account authorized representative; an adjustment to the dose history is noted to reflect the requested change. A confirmation report letter is generated indicating the reason for the dose adjustment, i.e., a dose has been estimated, lifetime history added, dose transfer or change of dose for a specific wear period for an individual.

DOSE ESTIMATE

The dose estimate program can automatically assign a dose to a monitored individual in the event the routine personal monitoring dosimeter is not returned for processing. The dose estimate program will provide a Dose Estimate report for a dose for the current year only. The estimate is based on the average of the 3 most recent doses reported. The program will not go back to prior years.

ANNUAL ACCOUNT SUMMARY

This report summarizes results for each individual in an account who had at least one badge returned for processing during the year. Results cover the year to date deep, eye, and shallow doses for each person, as well as the lifetime deep dose to date. Additional information about the wearer includes:

- Social security number or birth date
- Sex
- Badge type used
- Body region covered
- Type of service
- First and last day of the previously reported monitoring period

UNRETURNED BADGE

The Unreturned Badge report provides a detailed listing of those badges not returned and not scanned back into the system. This report is useful for clients to determine which badges have not been returned at the end of a wear period. The report can be accessed by an on-line registered user for quick review and printing.

ENVIRONMENTAL MONITORING

This report provides a complete listing of locations and reported exposures. A control value is usually not subtracted. The Environmental Report can be customized to meet the reporting needs of the facility, including exposure per standard month or quarter. This information can be useful when comparing data from other agencies or across several years.

Occupational Radiation Exposure Report

Accredited by the "National Institute of Standards and Technology through NVLAP for the specific scope of accreditation under lab code 100555-0"

REPORT NO: 03831 ACCOUNT NO: 84244 LOCATION: 00000RAD

DATE BADGES RECEIVED:	11/12/2004
DATE BADGES REPORTED:	MAY 31, 2006
PAGE: 1 OF: 1	
LICENSE NO:	
PURCHASE ORDER NO: 0123456	

NOTIFICATION LEVELS		
DEEP	SHALLOW	EXTREMITY
400	400	500

S/I:3

REPORT TO:
GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT

2652 MCGAW AVE

IRVINE, CA 92614

SHIP TO:
GLOBAL DOSIMETRY SOLUTIONS
SAMPLE ACCOUNT

2652 MCGAW AVEZ

IRVINE, CA 92614

WEARER NUMBER	SLOT NUMBER	PROCESS CONTROL NUMBER	NAME (LAST) OR OTHER DESIGNATION	F I	M I	ID TYPE	SSN / ID	BIRTH DATE	SEX	BADGE TYPE	BODY REGION	BODY PART	SERVICE	MONITORING PERIOD FIRST DAY	MONITORING PERIOD LAST DAY	DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW: CURRENT DEEP	CURRENT EYE	CURRENT SHALL.	CURRENT NEUT.	CURRENT PROC. NOTES	QUARTER TO DATE DEEP	QUARTER TO DATE EYE	QUARTER TO DATE SHALL.	YEAR TO DATE DEEP	YEAR TO DATE EYE	YEAR TO DATE SHALL.	YEAR TO DATE NO. RPTS	LIFETIME TO DATE DEEP	LIFETIME TO DATE DOSE HISTORY ADJUSTMENTS	LIFETIME TO DATE INCEPTION DATE LIFETIME TOTAL
		0153068	CONTROL-DAILY							01			M	12/01/2004	12/31/2004															
		0153068	CONTROL-DAILY							10			M	12/01/2004	12/31/2004															
		0038295	CONTROL-DAILY							14			M	12/01/2004	12/31/2004															
		0038295	CONTROL-DAILY							15			M	12/01/2004	12/31/2004															
		0038295	CONTROL-DAILY							16			M	12/01/2004	12/31/2004															
		0038295	CONTROL-DAILY							19			M	12/01/2004	12/31/2004															
1		0153068	DOE	J	A	1	123456789	19000101	M	01	WB		M	12/01/2004	12/31/2004	10160	10160	10160			10160	10160	10160	10160	10160	10160	1	10160		10/01/2001
2		0153068	SMITH	M		1	123456789	19000101	F	01	WB		M	12/01/2004	12/31/2004	1569	1569	1569			1569	1569	1569	1569	1569	1569	1	1569		10/01/2004
2		0038295	SMITH	M		1	123456789	19000101	F	19	ULE	FN	M	12/01/2004	12/31/2004			550					550			550	1			10/01/2004
2		0038295	SMITH	M		1	123456789	19000101	F	19	URE	FN	M	12/01/2004	12/31/2004			1050					1050			1050	1			10/01/2004
3		0038295	JONES	J		1	123456789	19000101	M	19	NSE	FN	M	12/01/2004	12/31/2004			*					0			0	1			10/01/2004
4		0038295	JOHNSON	J		1	123456789	19000101	M	16	WB		M	12/01/2004	12/31/2004	*	*	*	*		0	0	0	0	0	0	1	0		10/01/2004
4		0038295	JOHNSON	J		1	123456789	19000101	M	19	ULE	FN	M	12/01/2004	12/31/2004			*					0			0	1			10/01/2004
4		0038295	JOHNSON	J		1	123456789	19000101	M	19	URE	FN	M	12/01/2004	12/31/2004			1600					1600			1600	1			10/01/2004
5		0153068	AREA MONITOR			1				01	ARE		M	12/01/2004	12/31/2004	1712		1712			1712		1712	1712		1712	1	1712		10/01/2004
6	11234567	0038295	WAITING ROOM			1				14	ARE		M	12/01/2004	12/31/2004	250		250			250		250	250		250	1	250		10/01/2004
8		0153068	SPARE			1				01	WB		M	12/01/2004	12/31/2004	574	574	574			574	574	574	574	574	574	1	574		10/01/2004
9		0153068	VISITOR			1				01	WB		M	12/01/2004	12/31/2004	81	81	81			81	81	81	81	81	81	1	81		10/01/2004
10		0153068	CURIE	M		1	123456789	19000101	F	10	WB		M	12/01/2004	12/31/2004	50	50	50	50		50	50	50	50	50	50	1	50		12/01/2004
11		0038295	HABIL	K		1	123456789	19720623	F	15	WB		M	12/01/2004	12/31/2004	500	500	500	*		500	500	500	500	500	500	1	500		12/01/2004
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER

IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

2652 McGaw Avenue, Irvine, CA 92614
U.S./Canada: (800) 251-3331
http://www.dosimetry.com e-mail: info@dosimetry.com

Global Dosimetry Solutions

REPORTS APPROVED FPM/TPM REP4047_0_US 11/03/04

GENERAL INFORMATION

MINIMUM EXPOSURE REPORTED: All dosimeters have a minimum threshold below which an actual exposure cannot be measured with statistical accuracy. ALL EXPOSURES BELOW THIS MINIMUM WILL BE REPORTED AS AN ASTERISK(*) IN COLUMNS 17, 18, 19, 20. These minimal exposures will not be carried forward in the cumulative data. Refer to specification sheet for minimum reportable doses.

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.

EXTERNAL DOSE: That portion of the dose equivalent received from radiation sources outside the body.

OCCUPATIONAL DOSE: Dose received by an individual in a restricted area or in the course of employment in which the individual's assigned duties involve exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, such as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.

EXTREMITY: Hand, elbow, arm below the elbow, foot, knee or leg below the knee.

WHOLE BODY: Head, trunk, arms above the elbow, legs above the knee.

DEEP DOSE EQUIVALENT: DDE Incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm^2); applies to whole body exposure.

EYE DOSE EQUIVALENT: LDE Incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm^2); applies to external exposure of the lens of the eye.

SHALLOW DOSE EQUIVALENT: SDE - WB Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm^2); applies to shallow dose of whole body.

SHALLOW DOSE EQUIVALENT: SDE - E Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7mg/cm^2); applies to shallow dose of extremity.

TECHNICAL DATA: Global Dosimetry performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.

RADIATION TEST SOURCES

Global Dosimetry has demonstrated satisfactory performance in accordance with the most recent version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance." DOE/EH-0027: "DOE" standard for the Performance Testing of Personnel Dosimetry System.

	10 CFR 20 LIMITS:	STATE LIMITS: (If applicable)
Whole Body:	5000 mrem/year	1250 mrem/qtr
Lens of eye	15,000 mrem/year	1250 mrem/qtr
Skin: SDE	50,000 mrem/year	7500 mrem/qtr
Extremity	50,000 mrem/year	18,750 mrem/qtr

REPORT IDENTIFICATION SECTION

ACCOUNT NO - Unique identifying number permanently assigned to a facility.
REPORT TO - Reporting address specified by customer.
SHIP TO - Shipping address for dosimeters specified by customer.
DATES BADGES RECEIVED & REPORT PREPARED - These dates indicate the elapsed time to process, evaluate and report dosimeter results.
"PAGE _____ OF _____"
Indicates number of report pages in this reporting sequence.
LICENSE NO: Radiological license number assigned by the Nuclear Regulatory Commission (NRC) or the state regulatory agency.
PURCHASE ORDER NO. - Indicates purchase order number on file.
REPORT APPROVED: FPM/TPM - Indicates technical approval to issue report.
NOTIFICATION LEVEL: Customer provided dose at which a phone notification is initiated.

WEARER IDENTIFICATION SECTION

COLUMN 1 - Unique individual wearer numbers assigned within an account. All exposure records are kept by wearer number.
COLUMN 2 - Badges may be further identified by assigning a slot number (optional).
COLUMN 3 - Specific reference group in which badge was processed.
COLUMN 4 - Individual's last name or other dosimeter designation.
COLUMN 5 - Individual's first initial.
COLUMN 6 - Individual's middle initial.
COLUMN 7 - Indicates individual's identification type printed in column 8:

Wearer ID Type

1. Social Security Number
2. Passport Number
3. Work Permit Number
4. Index Identification Number
5. Canadian Social Insurance Number
6. Other

Blank Not Designated

WEARER IDENTIFICATION SECTION - CONTINUED

COLUMN 8 - The individual's identification number corresponding with identification type indicated in column 7.
COLUMN 9 - Individual's birth date.
COLUMN 10 - M = Male / F = Female.
COLUMN 11 - Physical type of radiation detection media utilized in assigned dosimeter

Badge Type

01 - Film Badge	15 - TLD 700 Badge
03 & 04 - TLD 802 Badge	17 - TLD 110 Environmental
05 - TLD 807 Ring Fleet-Herd	18 - Hard Ring
07 - TLD 814 Badge + CR39	19 - Measu/Ring®
08 - TLD 803 Badge	20 - TLD 814 Environmental
09 - CR39 Fast Neutron Dosimeter	21 - PERMtrack® Card (1 chip)
10 - Film Badge + CR39	22 - PERMtrack® Card (2 chip)
11 - High Dose Dosimeter	23 - PERMtrack® Card (1 chip + In-115m)
12 - High Dose Chipstrate Dosimeter	24 - PERMtrack® Card (2 chip + In-115m)
14 - TLD 100 Badge	25 - CR39 in TLD 700 + In-115m
16 - TLD 700 Badge + CR39	26 - TLD 700 + In-115m
	27 - Eye Dosimeter

COLUMN 12 - General region of the body to be monitored if dosimeter is assigned to personnel. This column also reflects non-personal use of a dosimeter:

Monitored Region

WB & EW	= Whole Body	NPU	= Non Personnel Use
EYE	= Lens of Eye	EQ	= Equipment
URE	= Upper Right Extremity	ARE	= Area
ULE	= Upper Left Extremity	UNK	= Unknown
LRE	= Lower Right Extremity	NSE	= Non Specific Extremity
LLE	= Lower Left Extremity		

COLUMN 13 - Specific body part to be monitored if dosimeter is assigned to personnel. This field is optional and is provided to help differentiate between multiple badges worn on the same body region identified in column 12.

Monitored Part of Body

Whole Body		Extremities		Non-Personnel
Blank	Not Identified	Blank	Not Identified	Blank Not Identified
HD	Head	FA	Forearm	
CL	Collar	EL	Elbow	
CH	Chest	WR	Wrist	
TR	Torso	HN	Hand	
GR	Groin	FN	Finger	
FS	Fetus	FP	Fingertip	
UA	Upper Arm	KN	Knee	
TH	Thigh	FL	Forelag	
BA	Back	AN	Ankle	
		FT	Foot	
		TO	Toe	
		OT	Other	

COLUMN 14 - Length of assigned monitoring period:

Frequency of Dosimeter Exchange

W	= 1 week	Q	= 3-months
B	= 2 weeks	F	= 4 months
M	= 1 month	S	= 6 months
T	= 2 months	A	= 12 months
O	= User specified (and date not displayed)	H	= 1/2 months

DOSIMETER AND EXPOSURE HISTORY SECTION

COLUMN 15 - First day of the assigned monitoring period for the dosimeter evaluated.
COLUMN 16 - Last day of the assigned monitoring period for the dosimeter evaluated. If not designated by customer, last day will be last calendar date of the monitoring period.
COLUMN 17 - Deep dose: DDE (includes Neutron dose if indicated in column 20).
COLUMN 18 - Eye dose: LDE (includes Neutron dose if indicated in column 20).
COLUMN 19 - Shallow dose: SDE (includes Neutron dose if indicated in column 20).
COLUMN 20 - Neutron dose stated is part of reported deep, eye and shallow in current exposure and is included in columns 17, 18, 19.
Non-personnel neutron badges are calibrated for response of dosimeter on a phantom

DOSIMETER AND EXPOSURE HISTORY SECTION - CONTINUED

COLUMN 21 - Letters shown in this column indicated an unusual occurrence which may limit or preclude an exposure evaluation. Continued or frequent entries in this column require further investigation and elimination of cause if possible. See Explanation of Code Key.
COLUMN 22 - Deep: Cumulative quarter-to-date total of column 17 for all non-extremity dosimeters processed in the same quarter.
COLUMN 23 - Eye: Cumulative quarter-to-date total of column 18 for all whole body and eye dosimeters processed in the same quarter.
COLUMN 24 - Shallow: Cumulative quarter-to-date total of column 19 for all non-extremity dosimeters processed in the same quarter.
COLUMN 25 - Deep: Cumulative year-to-date total of column 17 for all non-extremity dosimeters reported in process year.
COLUMN 26 - Eye: Cumulative year-to-date total of column 18 for all whole body and eye dosimeters reported in process year.
COLUMN 27 - Shallow: Cumulative year-to-date total of column 19 for all non-extremity dosimeters reported in process year.
COLUMN 28 - Number Reports: Total number of reports issued in process year.
COLUMN 29 - Deep: Cumulative lifetime total of column 17 for all non-extremity dosimeters processed plus previous history and adjustments if provided by customer.
COLUMN 30 - Dose History Adjustments: Indication of an adjustment to an individual's radiation history.

Letter Adjustment Note

Letter	Adjustment Note
A	One or more additions to the year-to-date and lifetime doses.
B	One or more subtractions to the year-to-date and lifetime doses.
C	One or more additions to the lifetime dose only.
D	One or more subtractions to the lifetime dose only.
E	One or more addition(s) and subtraction(s) to the lifetime doses only.
F	Dose data provided by customer for the period prior to inception of service.
G	Dose data provided by customer for the period prior to inception of service; other changes have also been made.
H	Previous lifetime dose(s) and date of inception have been supplied by the customer.
I	Previous lifetime dose(s) and date of inception have been supplied by the customer; other changes have also been made.

COLUMN 31 - Inception Date of Lifetime Total: Date shown is starting date of service with Global Dosimetry or actual lifetime start date if data supplied by customer.

EXPLANATION OF CODE KEY FOR PROCESS NOTES COLUMN 21

Control Badge

A. CONTROL BADGE NOT USED IN EVALUATION therefore limiting an accurate assessment of either a storage or transit dose. Some or all of the exposure reported may be due to exposure during storage or transit. A Global Dosimetry Service designated control was used for an estimate of the storage and transit dose. The reason for the control not being used may be one of the following:

1. Control badge was not returned for the monitoring period.
2. Control badge returned was not for the same monitoring period as dosimeter.
3. Control badge was received damaged.
4. Control badge was received contaminated.
5. Control badge exhibited an exposure.
6. Control badge exhibited an unusual response.
7. Customer's request. A Global Dosimetry designated control was not used.
8. Components Missing.
9. Component Missing or Damaged

B. CONTROL BADGE EXHIBITED EXPOSURE AND THE DOSIMETER EXHIBITED A SIMILAR EXPOSURE. The control badge was used in the evaluation.

C. DOSIMETER DAMAGED. No evaluation possible. Type of damage may be one of the following:

1. Light
2. Chemical
3. Water/Moisture
4. Heat

EXPLANATION OF CODE KEY FOR PROCESS NOTES COLUMN 21

5. Radioactive Contamination found
6. Components physically damaged
7. Components missing
8. Film damaged
9. Component Missing or Damaged

D. DOSIMETER RESULT NOT VALID. No evaluation possible. Type of problem may be one of the following:

1. Exposure Through Back of Holder
2. Slide Exposure
3. Unusual Exposure Pattern. May be due to an uneven or partially shielded exposure.
4. Film/Worn Upside Down in Holder
5. Internal Filters Missing. Check holder for possible damage. Request new holder if necessary.
6. Unusual Element Response. Response indicated suspect results.
7. Dosimeter Saturated. Delivered dose exceeds maximum reportable.
8. CR39 Dosimeter Damaged. Neutron component only.
9. CR39 Missing. Neutron component only.
10. Abnormal Glow Curve. Response indicated suspect results.

E. DOSIMETER EXHIBITED UNUSUAL EXPOSURE PATTERN. Reported dose is estimate only.

F. UNUSED BADGE. Per customer notice. No evaluation made.

G. OUTDATED BADGE. Badge received after the expiration date. No evaluation made.

H. OUTDATED BADGE. Badge received after the expiration date. Reported dose is estimate only.

I. CUSTOMER ESTIMATED DOSE. Customer provided dose in writing.

J. ESTIMATED DOSE.Provided by customer. Based on dose history.

K. TLD NEUTRON RESPONSE SUBSTITUTED FOR CR39 RESPONSE. Reasons may be one of the following:

1. CR39 Missing
2. CR39 Damaged
3. CR39 Exhibited Unusual Response

L. NO BADGE RETURNED for the monitoring period indicated. The following action was taken:

1. No Evaluation Possible. Exposure history current through last monitoring period reported.
2. Customer Estimated Dose. Customer provided dose in writing.
3. Estimated Dose. Provided by customer. Based on dose history.

M. FILM PATTERN

1. Single or Stationary Exposure
2. Single and Angular Exposure
3. Double Exposure
4. Multiple or Motion Exposure
5. Multiple and Angular Exposure
6. No Filter

REFERENCES

1. For rules and regulations applying to Radiation Safety in your state contact your State Health Department.
2. Standards for Protection against Radiation are published in the Code of Federal Regulations and may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Ask for 10 CFR 20.
3. Regulatory Guide 8.7 Rev. 1 Instructions for Recording and Reporting Occupational Exposure Data "provides guidance on":
   * Determining the doses in the current monitoring year for all persons who must be monitored and recording them on an NRC Form 5.
   * Submitting an annual report to the NRC of the results of individual monitoring (NRC Form 5).
   * Acquiring records of prior exposure (NRC Form 4).

This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulation 10 CFR part 19. You should preserve this report for further reference.

This report shall not be reproduced except in full without the written approval of the processing facility.

This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government.

ALARA Exposure Report

Accredited by the
"National Institute of Standards and Technology
through **NVLAP** for the specific scope of
accreditation under lab code 100555-0"

ACCOUNT NO: 012345

LOCATION: 00000DPT

REFERENCE NO:	01234
REPORT DATE:	11/13/2006
PAGE: 1 OF: 1	
LICENSE NO:	
PURCHASE ORDER NO:	

REPORT TO:

Global Dosimetry Solutions
2652 McGaw Ave
Irvine, CA 92614

SHIP TO:

Global Dosimetry Solutions
2652 McGaw Ave
Irvine, CA 92614

WEARER NUMBER	SLOT NUMBER	NAME (LAST) OR OTHER DESIGNATION	FI	MI	ID TYPE	SSN / ID	BIRTH DATE	SEX	BADGE TYPE	BODY REGION	BODY PART	SERVICE	WEAR DATE	DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW																			LIFETIME
														QUARTER TO DATE									YEAR TO DATE									
														INVESTIG. LEVEL (N.)	DEEP	% REG. LIMIT	EYE	% REG. LIMIT	SHALL.	% REG. LIMIT	EDE	NO. RPTS	INVESTIG. LEVEL (N.)	DEEP	% REG. LIMIT	EYE	% REG. LIMIT	SHALL.	% REG. LIMIT	EDE	DEEP
1		SMITH			1	000000000	01/01/1980		01	WB		M	09/05/2006	2	000713	100	999760	100	999999	100	000000	9	1	991427	28	999580	10	991614	3	999999	992889
2		JONES			1	000000000	01/01/1981		01	WB		M	09/05/2006	1	999991	100	999999	100	999999	1	999999	9	1	999999	11	999999	4	999999	1	999999	991800
3		ANDERSON			1	000000000	01/01/1982		01	WB		M	09/05/2006	2	999999	48	999999	51	999999	8	999999	9	1	999999	17	999999	6	999999	1	999999	991329
4		SMYTHE			1	00000000	01/01/1983		01	WB		M	09/05/2006	1	999999	24	999999	26	999999	4	0	8	2	1614	32	1813	12	1884	3	0	3557
5		BLACK			1	000000000	01/01/1984		01	WB		M	09/05/2006	2	999999	64	999999	75	999999	13	0	9	2	3122	62	3419	22	3492	6	0	5307
6		WHITE			1	000000000	01/01/1985		01	WB		M	09/05/2006	1	999999	11	999999	12	999999	2	0	8	1	499	9	563	3	586	1	0	546
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

Global Dosimetry Solutions

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER

IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

2652 McGaw Avenue, Irvine, CA 92614
U.S./Canada: (800) 251-3331
http://www.dosimetry.com e-mail: info@dosimetry.com
Worldwide: (949) 419-1000

REPORTS APPROVED FPM/TPM REP4038_0_US 12/05/2006

ALARA

Processing Facility
2652 McGaw Avenue
Irvine, CA 92614

GENERAL INFORMATION

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.
EXTERNAL DOSE: That portion of the dose equivalent received from radiation sources outside the body.
OCCUPATIONAL DOSE: Dose received by an individual in a restricted area or in the course of employment in which the individual's assigned duties involve exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation, whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, such as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.
EXTREMITY: Hand, elbow, arm below the elbow, foot, knee or leg below the knee.
WHOLE BODY: Head, trunk, arms above the elbow, legs above the knee.
DEEP DOSE EQUIVALENT: DDE Incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm2); applies to whole body exposure.
EYE DOSE EQUIVALENT: LDE Incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm2); applies to external exposure of the lens of the eye.
SHALLOW DOSE EQUIVALENT: SDE - WB Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm2); applies to shallow dose of whole body.
SHALLOW DOSE EQUIVALENT: SDE - E Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7mg/cm2); applies to shallow dose of extremity.
TECHNICAL DATA: Global Dosimetry performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.
RADIATION TEST SOURCES:
Global Dosimetry has demonstrated satisfactory performance in accordance with the most recent version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance." DOE/EH-0027: "DOE" standard for the Performance Testing of Personnel Dosimetry Systems

	10 CFR 20 LIMITS:	STATE LIMITS: (If applicable)
Whole Body:	5000 mrem/yr	1250 mrem/qtr
Lens of eye	15,000 mrem/yr	1250 mrem/qtr
Skin: SDE	50,000 mrem/yr	7500 mrem/qtr
Extremity	50,000 mrem/yr	18,750 mrem/qtr

REPORT IDENTIFICATION SECTION

ACCOUNT NO - Unique identifying number permanently assigned to a facility.
LOCATION - Further identification to subdivide groups of dosimeters specified by the customer.
REPORT TO - Reporting address specified by customer.
SHIP TO - Shipping address for dosimeters specified by customer.
DATES BADGES RECEIVED & REPORT PREPARED - These dates indicate the elapsed time to process, evaluate and report dosimeter results.
"PAGE _____ OF _____"
Indicates number of report pages in this reporting sequence.
LICENSE NO: Radiological license number assigned by the Nuclear Regulatory Commission (NRC) or the state regulatory agency.
PURCHASE ORDER NO. - Indicates purchase order number on file.
REPORT APPROVED: FPM/TPM - Indicates technical approval to issue report.

WEARER IDENTIFICATION SECTION

COLUMN 1 - Unique individual wearer numbers assigned within an account. All exposure records are kept by wearer number.
COLUMN 2 - Badges may be further identified by assigning a slot number (optional).
COLUMN 3 - Individual's last name or other dosimeter designation.
COLUMN 4 - Individual's first initial.
COLUMN 5 - Individual's middle initial.
COLUMN 6 - Indicates individual's identification type printed in column 8.

Wearer ID Type

1. Social Security Number
2. Passport Number
3. Work Permit Number
4. Index Identification Number
5. Canadian Social Insurance Number
6. Other
Blank Not Designated

DOSIMETER HISTORY SECTION

COLUMN 14 - First day of the assigned monitoring period for the dosimeter evaluated.
COLUMN 15 - Quarter-to-date Investigation (IL). Customer provided or tabulated below

Exposure Type	Level 1 (mrem)	Level 2 (mrem)
Whole Body Deep (DDE)	125	375
Lens of Eye (EYE)	375	1125
Whole Body Shallow (SDE-WB)	1250	3750
Whole Body Extremity (SDE-ME)	1250	3750

COLUMN 16 - Deep: Cumulative quarter-to-date deep dose (DDE) for all non-extremity dosimeters processed in the same quarter.
COLUMN 17 - Percentage current quarter-to-date dose compared to the quarterly regulatory dose limit for deep dose.

WEARER IDENTIFICATION SECTION - CONTINUED

COLUMN 7 - The individual's identification number corresponding with identification type indicated in column 7.
COLUMN 8 - Individual's birth date.
COLUMN 9 - M = Male / F = Female.
COLUMN 10 - Physical type of radiation detection media utilized in assigned dosimeter

Badge Type

01 - Film Badge	16 - TLD 700 Badge
03 & 04 - TLD-802 Badge	17 - TLD 110 Environmental
05 - TLD 607 Ring Fleet/Hard	18 - UltraRing/FleetRing
07 - TLD 814 Badge + CP09	19 - MeasuRing®
08 - TLD 603 Badge	20 - TLD 814 Environmental
09 - CP09 Fast Neutron Dosimeter	21 - REMtrack® Card (1 chip)
10 - Film Badge + CP09	22 - REMtrack® Card (2 chip)
11 - High Dose Dosimeter	23 - REMtrack® Card (1 chip + In-115m)
12 - High Dose Chipstrate Dosimeter	24 - REMtrack® Card (2 chip + In-115m)
14 - TLD 100 Badge	25 - CP09 in TLD 700 + In-115m
15 - TLD 700 Badge + CP09	26 - TLD 700 + In-115m
	27 - Eye Dosimeter

COLUMN 11 - General region of the body to be monitored if dosimeter is assigned to personnel. This column also reflects non-personnel use of a dosimeter.

Monitored Region

WB & EW	= Whole Body	NPU	= Non Personnel Use
EYE	= Lens of Eye	EQ	= Equipment
URE	= Upper Right Extremity	ARE	= Area
ULE	= Upper Left Extremity	UNK	= Unknown
LRE	= Lower Right Extremity	NSE	= Non Specific Extremity
LLE	= Lower Left Extremity		

COLUMN 12 - Specific body part to be monitored if dosimeter is assigned to personnel. This field is optional and is provided to help differentiate between multiple badges worn on the same body region identified in column 10.

Monitored Part of Body

Whole Body		Extremities		Non-Personnel
Blank	Not identified	Blank	Not identified	Blank Not Identified
HD	Head	FA	Forearm	
CL	Collar	EL	Elbow	
CH	Chest	WR	Wrist	
TR	Torso	HN	Hand	
GR	Groin	FN	Finger	
FS	Fetus	FP	Fingertip	
UA	Upper Arm	KN	Knee	
TH	Thigh	FL	Forelag	
BA	Back	AN	Ankle	
		FT	Foot	
		TO	Toe	
		OT	Other	

COLUMN 13 - Length of assigned monitoring period:

Frequency of Dosimeter Exchange

W	= 1 week	Q	= 3 months
B	= 2 weeks	F	= 4 months
M	= 1 month	S	= 6 months
T	= 2 months	A	= 12 months
O	= User specified (end date not displayed)	H	= 1/2 months

DOSIMETER AND EXPOSURE HISTORY SECTION - CONTINUED

COLUMN 18 - Eye: Cumulative quarter-to-date eye dose (EYE) or all whole body and eye dosimeters processed in the same quarter.
COLUMN 19 - Percentage current quarter-to-date dose compared to the quarterly regulatory dose limit for lens of eye dose.
COLUMN 20 - Shallow: Cumulative quarter-to-date shallow dose (SDE) for all whole body or extremity dosimeters processed in the same quarter.
COLUMN 21 - Percentage current quarter-to-date dose compared to the quarterly regulatory dose limit for shallow dose.
COLUMN 22 - EDE Exceeded
COLUMN 23 - Number of Reports: Total number of reports issued in process year. Year-to-date Investigation Level (IL). Customer provided or tabulated below.

Exposure Type	Level 1 (mrem)	Level 2 (mrem)
Whole Body Deep (DDE)	500	1000
Lens of Eye (EYE)	1500	4500
Whole Body Shallow (SDE-WB)	5000	15000
Whole Body Extremity (SDE-ME)	5000	15000

COLUMN 24 - Quarter-to-date Investigation (IL). Customer provided or tabulated
COLUMN 25 - Deep: Cumulative year-to-date eye dose (DDE) for all non-extremity dosimeters processed in the same year.
COLUMN 26 - Percentage current year-to-date dose compared to the yearly regulatory dose limit for deep dose.
COLUMN 27 - Eye: Cumulative year-to-date eye dose (EYE) for all whole body and eye dosimeters processed in the same quarter.
COLUMN 28 - Percentage current year-to-date dose compared to the yearly regulatory dose limit for lens of eye dose.
COLUMN 29 - Shallow: Cumulative year-to-date shallow dose (SDE) for all whole body or extremity dosimeters processed in the same year.
COLUMN 30 - Percentage current year-to-date dose compared to the yearly regulatory dose limit for shallow dose.
COLUMN 31 - EDE Exceeded
COLUMN 32 - Deep: cumulative lifetime total for all non-extremity dosimeters processed plus previous history and adjustments if provided by the customer.

REFERENCES

1. For rules and regulations applying to Radiation Safety in your state contact your State Health Department.
2. Standards for Protection against Radiation are published in the Code of Federal Regulations and may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Ask for 10 CFR 20.
3. Regulatory Guide 8.7 Rev. 1 Instructions for Recording and Reporting Occupational Exposure Data "provides guidance on":
   * Determining the doses in the current monitoring year for all persons who must be monitored and recording them on an NRC Form 5.
   * Submitting an annual report to the NRC of the results of individual monitoring (NRC Form 5).
   * Acquiring records of prior exposure (NRC Form 4).

This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulation 10 CFR part 19. You should preserve this report for further reference.

This report shall not be reproduced except in full without the written approval of the processing facility.

This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government.

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www.dosimetry.com

NOV 13, 2006

TO: DOE, JOHN — Customer #

FROM: Radiation Safety Officer — Location #

SUBJECT: Personnel Monitoring ALARA Report — Report No. 0

The purpose of the ALARA Radiation Program is to maintain radiation exposures to the employees "AS LOW AS REASONABLY ACHIEVABLE"(ALARA). The radiation safety program at GLOBAL DOSIMETRY SOL. strives to achieve this concept by maintaining radiation levels well below the allowable limits set by the Nuclear Regulatory Commission under 10 CFR 20, the appropriate state limits and other regulatory agencies.

The following table lists our facility's Level 1 & 2 investigational levels & displays exposure exceeding any specific limit for Qtr 3 (noted with *).

Investigation Levels (mrem) Exposure Type	For Quarter 3 Level 1	Actual	Cummulative for Year 2006 Level 1	Actual
Whole Body Deep (DDE)	125	713 *	500	1427 *
Effective Dose Equivlnt(EDE)				
Lens of Eye (LDE)	375	760 *	1500	1580 *
Whole Body Shallow (SDE-WB)	1250	758	5000	1614
Whole Body Extremity (SDE-ME)	1250		5000	

Exposure Type	Level 2	Actual	Level 2	Actual
Whole Body Deep (DDE)	375	713 *	1500	1427
Effective Dose Equivlnt(EDE)				
Lens of Eye (LDE)	1125	760	4500	1580
Whole Body Shallow (SDE-WB)	3750	758	15000	1614
Whole Body Extremity (SDE-ME)	3750		15000	

Allowable Limits	Nuclear Regulatory Commission	States (as appropriate)
Whole Body Deep (DDE)	5000 mrem/year	1250 mrem/quarter
Lens of Eye (LDE)	15000 mrem/year	1250 mrem/quarter
Shallow-Whole Body (SDE-WB)	50000 mrem/year	7500 mrem/quarter
Shallow-Extremity (SDE-ME)	50000 mrem/year	18750 mrem/quarter

* = Exceeded

REP4111_0

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MAY 31, 2006 17:22:56

History Detail for Acct # 84244 Page # 1

Locn #	Wearer #	Badge Typ	Wear Date	Process#	Deep	Eye	Shall
00000RAD	1	01WB	12/01/2004	153068	10160	10160	10160

History Detail Report

GDS FORM 5: OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Accredited by the "National Institute of Standards and Technology through NVLAP for the specific scope of accreditation under lab code 100555-0"

A. ACCOUNT NUMBER 84244 B. LOCATION NUMBER 00000RAD	C. FACILITY ADDRESS GLOBAL DOSIMETRY SOLUTIONS INC 2652 MCGAW AVE IRVINE CA 92614				D. BADGE NO. 1
1. NAME(LAST, FIRST, MIDDLE INITIAL) DOE , JOHN A	2. IDENTIFICATION NUMBER 123456789	3. ID TYPE SSN	4. SEX M	5. DATE OF BIRTH 01/01/1900	
6. MONITORING PERIOD FIRST DAY 10/01/2001 LAST DAY 12/31/2004	7. LICENSEE NAME GLOBAL DOSIMETRY SOLU	8. LICENSEE NO(S).	9A. RECORD/ ESTIMATE RECORD	9B. ROUTINE/ PSE ROUTINE	

INTAKES				DOSES(in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN uCi			
				DEEP DOSE EQUIVALENT (DDE)	11.	10.160
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12.	10.160
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.	10.160
				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 (BLOCKS 11 + 15) (TEDE)	17.	10.160
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (BLOCKS 11 + 16) (TODE)	18.	10.160
				19. COMMENTS ND=NON-DETECTABLE, BELOW MINIMAL REPORTABLE DOSE		

20. SIGNATURE	21. DATE PREPARED JUN 9, 2006

This form contains the information required by NRC Form 5 (1) Data shown in columns 10A - 10D has been provided by the licensee.

Global Dosimetry Solutions, Inc.
2652 McGaw Ave, Irvine, CA 92614
(949)419-1000
http://www.dosimetry.com e-mail: info@dosimetry.com

INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF GDS FORM 5
(All doses should be stated in rems)

A. Account Number: Unique tracking number permanently assigned to a facility.

B. Location Number: Specific location within a facility's account.

C. Facility: Name and address for which account number is assigned.

D. Badge Number: Unique individual number assign within an account to a specific person or other designation.

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 inividual's identification number, including 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 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
IND	INDEX identification Number
OTH	Other

4. Enter 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 first day MM/DD/YYYY - last day MM/DD/YYYY.

7. Enter the name of the licensee.

8. Enter the NRC license number or numbers.

9A. Enter 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 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. Enter 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. If more than one PSE was received in a single year, the licensee should sum them and report the total of all PSEs.

10A. 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. (Licensee to provide data)

10B. Enter the lung clearance class as listed in Appendix B to 10 CFR Part 20.1001-2401(D,W,Y,V or O for other) for all intakes by inhalation.(Licensee to provide data.)

10C. Enter the mode of intake. For inhalation, enter "H." For absorption through the skin, enter "B." For oral ingestion, enter "G." For injection, enter "J." (Licensee to provide data.)

10D. Enter the intake of each radionuclide in uCi. (Licensee to provide data.)

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 (CEDE) or "NR" for "Not Required" or "NC" for "Not Calculated". (Licensee to provide data.)

16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ or "NR" for "Not Required" or "NC" for "Not Calculated". (Licensee to provide data).

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. COMMENTS. in the space provided, 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 possiblity would be to indicate that an overexposed report has been sent to NRC in reference to the exposure report. (Licensee to provide information.)

20. Signature of the person designated to represent the licensee.

21. Enter the date this form was prepared MM/DD/YYYY.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 5 or its equivalent. This information is maintained in a system of records designated as NRC-27 and described at 55 Federal Register 33984 (August 20, 1990), or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, Lower Level, 2120 L Street NW, Washington, D.C.

1. **AUTHORITY:** Sections 53, 63, 65, 81, 103, 104, 161(b), and 161(o) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2073 2093, 2095, 2111, 2133, 2134, 2201(b), and 2201(c)). The authority for soliciting the social security number is 10 CFR Part 20.

2. **PRINCIPAL PURPOSE(S):** The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long-term exposure experience among types of licensees and among licensees within each type. Data pertinent to your exposure to radiation is available to you upon request.

3. **ROUTINE USE(S):** The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law, and in the course of an administrative or judical proceeding.

4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information, including social security number; however, the licensee must complete NRC Form 5 or its equivalent on each individual for whom personnel monitoring is required under 10 CFR 20.2106. Failure to do so may subject the licensee to enforcement action in accordance with 10 CFR 20.2401. The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or birthdates among the large number o persons on whom data is maintained.

5. **SYSTEM MANAGER(S) AND ADDRESS:**
REIRS Project Manager
Office of Nuclear Regulartory Research
U.S. Nuclear Regulatory Commission
Washington, DC 20555

This form contains the information required by NRC Form 5. Data used to complete columns 10A, 10B, 10C, 10D, 15, 16, 17, 18 and 19 has been provided by the licensee or the certifying organization.

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MAY 31, 2006 STATISTICAL SUMMARY REPORT PAGE # 1

ACCT # 84244 - LOCN # ALL REPORTING YEAR 2004

GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT
2652 MCGAW AVE

IRVINE, CA 92614

RANGE OF EXPOSURE IN REM *	NUMBER OF INDIVIDUALS
NO MEASURABLE EXPSR **	1
MEASURABLE EXPSR < 0.10 ***	2
00.10 - 00.25	0
00.25 - 00.50	0
00.50 - 00.75	2
00.75 - 01.00	0
01.00 - 02.00	1
02.00 - 03.00	0
03.00 - 04.00	0
04.00 - 05.00	0
05.00 - 06.00	0
06.00 - 07.00	0
07.00 - 08.00	0
08.00 - 09.00	0
09.00 - 10.00	0
10.00 - 11.00	1
11.00 - 12.00	0
12.00 +	0
TOTAL	7

* EXPOSURES REFLECT DEEP DOSE FROM INDIVIDUALS (WHOLE BODY) DOSIMETER. INDIVIDUAL VALUES EXACTLY EQUAL TO THE VALUES SEPARATING EXPOSURE RANGES SHALL BE REPORTED IN THE HIGHER RANGE.

** NO EXPOSURE IS EQUIVALENT TO LESS THAN THE MINIMUM REPORTABLE DOSE (MRD)

*** MEASURABLE EXPOSURE < 00.10 REM IS REALLY THE RANGE 00.01 - 00.10 REM

REP4108_0

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JUN 9, 2006 15:25:03
PAGE # 1

T O T A L - D O S E - S Y S T E M

PLEASE NOTE:
THIS REPORT IS PROVIDED TO ASSIST YOU IN COMPLIANCE
WITH STATE AND FEDERAL REGULATIONS ONLY. IT IS NOT
INTENDED TO BE USED FOR ANY OTHER PURPOSE.

THE INFORMATION PROVIDED MAY REFLECT EITHER CONCURRENT
AND/OR PRIOR EXPOSURES DURING THE REPORTING YEAR.

IF AN INDIVIDUAL IS MONITORED WITH A NON-GDS
DOSIMETER, THE RESULTANT EXPOSURE HISTORY MAY NOT BE
INCLUDED ON THIS REPORT

GDS INC
ATTN TRACY TIEU
2652 MCGAW AVENUE

IRVINE CA92614

* THIS DOSE IS EQUAL TO THE DEEP DOSE REPORTED,
UNLESS, INTERNAL DOSE HAS BEEN PROVIDED.

REPORTING YEAR 2006 - CUSTOMER # 77580 LOCATION # 00000DPT

W E A R E R						R E A D I N G S - I N - M R E M						
NUMBER	NAME		ID-NUMBER	TYP	ACTIVE	DEEP	EYE	SHALLOW	EDE	MAX-EXT	TEDE*	TODE*
1	SMITH	J	111-22-4444	SSN	YES	81	90	105	8	0	81	81
11	TIEU	T	111-22-4444	SSN	YES	81	90	105	8	0	81	81
40	SMITH	J	111-22-4444	SSN	YES	81	90	105	8	0	81	81
41	SMITH	J	111-22-4444	SSN	YES	81	90	105	8	0	81	81

******** ACCOUNT TOTALS **********

WEARERS SELECTED 54
REPORTED 4

REP4083

Total Dose Report

Global Dosimetry Solutions Dose Management Report

MAY 16, 2008 15:50:37
Doses in MILLIREMS

Account: 84244 GLOBAL DOSIMETRY SOLUTIONS INC **Attention:** SAMPLE ACCOUNT

Wearer Number / Badge Type	Location Code	Personal ID / Dose Type	Month in 2008 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Dose	Quarterly Dose One	Two	Three	Four
Individual Summary																			
1	00000RAD	123-45-6789 DOE J																	
01WB		Deep	20	10	30	20	10	10	30	40	10	10	10	*	200	60	40	80	20
01WB		Eye	20	10	30	20	10	10	30	40	10	10	10	*	200	60	40	80	20
01WB		Shallow	20	10	30	20	10	10	30	40	10	10	10	*	200	60	40	80	20
2	00000RAD	123-45-6789 SMITH M																	
19ULEFN		Extremity	50	20	30	20	10	10	10	10	10	30	10	10	220	100	40	30	50
19UREFN		Extremity	20	10	30	20	10	10	20	10	10	30	10	10	190	60	40	40	50
3	00000RAD	123-45-6789 JONES J																	
19NSEFN		Extremity	40	10	30	20	10	C							110	80	30		
4	00000RAD	123-45-6789 JOHNSON J																	
16WB		Deep	20	10	30	20	10		30	40	10	10	10	10	200	60	30	80	30
16WB		Eye	20	10	30	20	10		30	40	10	10	10	10	200	60	30	80	30
16WB		Shallow	20	10	30	20	10		30	40	10	10	10	10	200	60	30	80	30
16WB		Neutron	20	10	30	20	10		30	40	10	10	10	10	200	60	30	80	30

Global Dosimetry Solutions Dose Management Report

MAY 16, 2006 15:50:37
Doses in MILLIREMS

Account: 84244 GLOBAL DOSIMETRY SOLUTIONS INC **Attention:** SAMPLE ACCOUNT

Location Summary

Collective Dept dose - 00000RAD

Badge Type	Dose Type / Average Dose/Badge	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Total	Quarterly Total One	Two	Three	Four
	# Dosimeters/Reported												1	1				
01ARE	Deep												1712	1712				1712
	Deep/Badge												1712.0	1712.0				1712.0
	# Dosimeters/Reported												1	1				
01ARE	Shallow												1712	1712				1712
	Shallow/Badge												1712.0	1712.0				1712.0
	# Dosimeters/Reported												3	3				
01WB	Deep												10815	10815				10815
	Deep/Badge												3605.0	3605.0				3605.0
	# Dosimeters/Reported												3	3				
01WB	Eye												10815	10815				10815
	Eye/Badge												3605.0	3605.0				3605.0
	# Dosimeters/Reported												3	3				
01WB	Shallow												10815	10815				10815
	Shallow/Badge												3605.0	3605.0				3605.0
	# Dosimeters/Reported												1	1				
10WB	Deep												50	50				50
	Deep/Badge												50.0	50.0				50.0
	# Dosimeters/Reported												1	1				
10WB	Eye												50	50				50
	Eye/Badge												50.0	50.0				50.0
	# Dosimeters/Reported												1	1				
10WB	Shallow												50	50				50
	Shallow/Badge												50.0	50.0				50.0
	# Dosimeters/Reported												1	1				
10WB	Neutron												50	50				50
	Neutron/Badge												50.0	50.0				50.0
	# Dosimeters/Reported												1	1				

Dose Management Location Summary

Global Dosimetry Solutions Dose Management Report

MAY 16, 2006 15:50:37
Doses in MILLIREMS

Account: 84244 GLOBAL DOSIMETRY SOLUTIONS INC **Attention:** SAMPLE ACCOUNT

Badge Type	Dose Type / Average Dose/Badge	Month in 2004 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Total	Quarterly Total One	Two	Three	Four
Account Summary																		
Collective Account dose																		
	# Dosimeters/Reported												1	1				
14ARE	Shallow												250	250				250
	Shallow/Badge												250.0	250.0				250.0
	# Dosimeters/Reported												1	1				
15WB	Deep												500	500				500
	Deep/Badge												500.0	500.0				500.0
	# Dosimeters/Reported												1	1				
15WB	Eye												500	500				500
	Eye/Badge												500.0	500.0				500.0
	# Dosimeters/Reported												1	1				
15WB	Shallow												500	500				500
	Shallow/Badge												500.0	500.0				500.0
	# Dosimeters/Reported												1	1				
15WB	Neutron												0	0				0
	Neutron/Badge												0.0	0.0				0.0
	# Dosimeters/Reported												1	1				
16WB	Deep												0	0				0
	Deep/Badge												0.0	0.0				0.0
	# Dosimeters/Reported												1	1				
16WB	Eye												0	0				0
	Eye/Badge												0.0	0.0				0.0
	# Dosimeters/Reported												1	1				
16WB	Shallow												0	0				0
	Shallow/Badge												0.0	0.0				0.0
	# Dosimeters/Reported												1	1				
16WB	Neutron												0	0				0
	Neutron/Badge												0.0	0.0				0.0
	# Dosimeters/Reported												1	1				
19NSEFN	Extremity												0	0				0

Dose Management Account Summary

SAMPLE ACCOUNT

GLOBAL DOSIMETRY SOLUTIONS INC

2652 MCGAW AVE

IRVINE CA 92614

GENERAL INFORMATION

MINIMUM EXPOSURE REPORTED: All dosimeters have a minimum threshold below which an actual exposure cannot be measured with statistical accuracy. ALL EXPOSURES BELOW THIS MINIMUM WILL BE REPORTED AS AN ASTERISK(*). These minimal exposures will not be carried forward in the cumulative data. Refer to specification sheet for minimum reportable doses.

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.

EXTERNAL DOSE: That portion of the dose equivalent received from radiation sources outside the body.

OCCUPATIONAL DOSE: Dose received by an individual in a restricted area or in the course of employment in which the individual's assigned duties involve exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.

EXTREMITY: Hand, elbow, arm below the elbow; foot, knee or leg below the knee.

WHOLE BODY: Head, trunk, arms above the elbow, legs above the knee.

DEEP DOSE EQUIVALENT: DDE Incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm²); applies to whole body exposure.

EYE DOSE EQUIVALENT: LDE Incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²); applies to external exposure of the lens of the eye.

SHALLOW DOSE EQUIVALENT: SDE - WB Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²); applies to shallow dose of whole body.

SHALLOW DOSE EQUIVALENT: SDE - E Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7mg/cm²); applies to shallow dose of extremity.

TECHNICAL DATA: GDS performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.

RADIATION TEST SOURCES
Global Dosimetry has demonstrated satisfactory performance in accordance with the m version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance." DOE/EH-0027; "DOE" standard for the Performance Testing of Personnel Dosimetry System.

	10 CFR 20 LIMITS:	STATE LIMITS: (if applicable)
Whole Body:	5000 mrem/year	1250 mrem/qtr
Lens of eye:	15,000 mrem/year	1250 mrem/qtr
Skin: SDE	50,000 mrem/year	7500 mrem/qtr
Extremity:	50,000 mrem/year	18,750 mrem/qtr

REPORT IDENTIFICATION SECTION

Account - Unique identifying number permanently assigned to facility.
Attention - Individual to whom the report is sent.
Employee Number - Unique individual wearer number assigned within an account.

Badge Type

01 - Film Badge	16 - TLD 760 Badge
03 & 04 - TLD 802 Badge	17 - TLD 110 Environmental
05 - TLD 807 Ring Fleshtard	18 - Hand Ring
06 - TLD 802 Badge + CR39	19 - MeasuRing®
07 - TLD 814 Badge + CR39	20 - TLD 814 Environmental
08 - TLD 803 Badge	21 - REMtrack® Card (1 chip)
09 - CR39 Fast Neutron Dosimeter	22 - REMtrack® Card (2 chip)
10 - Film Badge + CR39	23 - REMtrack® Card (1 chip + In-115m)
11 - High Dose Dosimeter	24 - REMtrack® Card (2 chip + In-115m)
12 - High Dose Chipstrate Dosimeter	25 - CR39 in TLD 760 + In-115m
14 - TLD 100 Badge	26 - TLD 760 + In-115m
15 - TLD 760 Badge + CR39	27 - Eye Dosimeter

Monitored Region

WB & EW	= Whole Body	NPU	= Non Personnel Use
EYE	= Lens of Eye	EQ	= Equipment
URE	= Upper Right Extremity	ARE	= Area
ULE	= Upper Left Extremity	UNK	= Unknown
LRE	= Lower Right Extremity	NSE	= Non Specific Extremity
LLE	= Lower Left Extremity		

Monitored Part of Body

Whole Body		Extremities		Non-Personnel
Blank	Not identified	Blank	Not identified	Blank Not identified
HD	Head	FA	Forearm	
CL	Collar	EL	Elbow	
CH	Chest	WR	Wrist	
TR	Torso	HN	Hand	
GR	Groin	FN	Finger	
FS	Fetus	FP	Fingertip	
UA	Upper Arm	KN	Knee	
TH	Thigh	FL	Forelag	
BA	Back	AN	Ankle	
		FT	Foot	
		TO	Toe	
		OT	Other	

INDIVIDUAL SUMMARY REPORT

The Individual Summary Report provides information on the number of dosimeters returned for processing for each wearer and reported for each Dose Type; and for each wear period, i.e., month, quarter and year, as appropriate.

Location - Unique identifying location permanently assigned to facility for individual grouping

Personal ID - The individual's identification number provided by the facility

Dose Type :

Deep - Deep Dose Equivalent (DDE) incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm²) which applies to whole body exposure.

Eye - Lens Dose Equivalent (LDE) incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²) which applies to external exposure of the lens of the eye.

Shallow - Shallow Dose Equivalent (SDE) incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) which applies to shallow dose of whole body.

EDE - Effective Dose Equivalent (EDE) dose weighted measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm²) which applies to whole body, based on regulatory approved methodologies.

Extremity - Shallow Dose Equivalent (SDE-ME) incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) which applies to shallow dose of the extremity.

Month Dose - For each employee number where there were dosimeters returned for processing, there is a specific line item with the dose in millirems reported, for each Badge Type and Dose Type worn during the month.

Dose Total - For each employee number where there were dosimeters returned for processing, there is a specific line item with the cumulative dose in millirems reported, for each Badge Type and Dose Type worn during the current year.

Quarterly Dose - For each employee number where there were dosimeters returned for processing, there is a specific line item with the cumulative dose in millirems reported, for each Badge Type and Dose Type worn during the specific quarter.

C Code - A *C* in the dose column refers to a cancelled badge.

LOCATION SUMMARY REPORT

The Location Summary Report provides information on the number of dosimeters returned for processing and reported for each Dose Type, for each month, quarter and year. Other information provided includes the average dose per dosimeter reported for the various dose type reported for each specific wear period:

Dose Type and Average Dose for each Dose Type for dosimeters reported

Deep - Deep Dose Equivalent (DDE) incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm2) which applies to whole body exposure.

Deep/Badge - Average Deep Dose Equivalent per dosimeter reported

Eye - Lens Dose Equivalent (LDE) incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²) which applies to external exposure of the lens of the eye.

Eye/Badge - Average Eye Dose Equivalent per dosimeter reported

Shallow - Shallow Dose Equivalent (SDE) incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) which applies to shallow dose of whole body.

Shallow/Badge - Average Shallow Dose Equivalent per dosimeter reported

EDE - Effective Dose Equivalent (EDE) dose weighted measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm²) which applies to whole body, based on regulatory approved methodologies.

EDE/Badge - Average Effective Dose Equivalent per dosimeter reported

Extremity - Shallow Dose Equivalent (SDE-ME) incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) which applies to shallow dose of the extremity.

Extremity/Badge - Average Shallow Dose Equivalent per dosimeter reported

FACILITY SUMMARY REPORT

The Facility Summary Report provides information on the number of dosimeters returned for processing and reported for each Dose Type, for each month, quarter and year, for the entire account, average dose per dosimeter reported, and for the various dose type reported for each specific wear period:

Dose Type and Average Dose for each Dose Type for dosimeters reported

Deep - Deep Dose Equivalent (DDE) incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm²) which applies to whole body exposure.

Deep/Badge - Average Deep Dose Equivalent per dosimeter reported

Eye - Lens Dose Equivalent (LDE) incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²) which applies to external exposure of the lens of the eye.

Eye/Badge - Average Eye Dose Equivalent per dosimeter reported

Shallow - Shallow Dose Equivalent (SDE) incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) which applies to shallow dose of whole body.

Shallow/Badge - Average Shallow Dose Equivalent per dosimeter reported

EDE - Effective Dose Equivalent (EDE) dose weighted measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm²) which applies to whole body, based on regulatory approved methodologies.

EDE/Badge - Average Effective Dose Equivalent per dosimeter reported

Extremity - Shallow Dose Equivalent (SDE-ME) incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) which applies to shallow dose of the extremity.

Extremity/Badge - Average Shallow Dose Equivalent per dosimeter reported

5/18/2006

Preliminary Radiation Exposure Report

Process Number 0038295

Account	Location ID	Wearer	Badge Type	Wear Date	Badge Use	Body Region	Body Part	Serial Number	Badge ID	Note Code	Dose Equivalent (mrem)			
											Deep	Eye	Shallow	Neutron
84244	00000RAD		19	20041201	C			08155299	07099508					
84244	00000RAD		16	20041201	C			03262357	09274912					
84244	00000RAD		15	20041201	C			02119307	09104828					
84244	00000RAD		14	20041201	C			04900345	00732327					
84244	00000RAD	2	19	20041201	P	URE	FN	08155301	07136907				1050	
84244	00000RAD	2	19	20041201	P	ULE	FN	08155300	07045178				550	
84244	00000RAD	3	19	20041201	P	NSE	FN	08155302	07049179				*	
84244	00000RAD	4	19	20041201	P	ULE	FN	08155303	07185781				*	
84244	00000RAD	4	19	20041201	P	URE	FN	08155304	07041548				1600	
84244	00000RAD	4	16	20041201	P	WB		03262358	09005819		*	*	*	*
84244	00000RAD	6	14	20041201	P	ARE		04900346	00317244		250	250	250	
84244	00000RAD	11	15	20041201	P	WB		02119308	09273430		500	500	500	*

*-Lower than mininum reportable dose

+ - Unusual Response

REP4126_0

Preliminary Dose

Dose Adjustment Confirmation

Global Dosimetry
Solutions

2652 McGaw Avenue
Irvine, CA 92614
Telephone: (800) 251-3331
FAX: (949) 296-1144
e-mail: info@dosimetry.com
www.dosimetry.com

This report printed: JUN 1, 2006 14:08:19
Customer: B4244

DOSE ADJUSTMENT CONFIRMATION
KEEP FOR YOUR RECORDS

GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT SAMPLE ACCOUNT
2652 MCGAW AVE

IRVINE CA 92614

(Note: This report displays the specific dose adjusted - not Cumulative Total for Deep, Eye, Shallow, Neutron or Ede dose)

Wearer	Badge	Dept	Weardate	Note	Deep	Eye	Shal	Ntrn	Ede	Trans Type	Wearer Name	Batch#
4	16WB	OOOOORAD			24	25	25	0		L Dose Adjsmnt	JOHNSON, JOHN	8851

Dose Estimate Report

Accredited by the
"National Institute of Standards and Technology
through NVLAP for the specific scope of
accreditation under lab code 100555-0"

ACCOUNT NO: DATE:

REPORT TO:

GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT
2652 MC GAW AVE
IRVINE, CA 92614

LOCATION	WEARER NUMBER	NAME (LAST) OR OTHER DESIGNATION	FI	MI	ID TYPE	SSN / ID	BADGE TYPE	BODY REGION	BODY PART	SERVICE	DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW									
											MONITORING PERIOD		DOSE OF RECORD				ESTIMATED DOSE			
											FIRST DAY	LAST DAY	DEEP	EYE	SHALL.	NEUT.	DEEP	EYE	SHALL.	NEUT.
12345DPT	27	SMITH	R		1		01	WB		M	01/1/06	01/31/06	10	10	10	0				
12345DPT	27	SMITH	R		1		01	WB		M	02/1/06	02/28/06	50	50	50	0				
12345DPT	27	SMITH	R		1		01	WB		M	03/1/06	03/31/06	30	30	30	0				
12345DPT	27	SMITH	R		1		01	WB		M	04/1/06	04/30/06					30	30	30	0
12345DPT	17	ROBERTS	M		1		16	WB		M	01/1/06	01/31/06	20	20	20	0				
12345DPT	17	ROBERTS	M		1		16	WB		M	02/1/06	02/28/06	60	60	60	0				
12345DPT	17	ROBERTS	M		1		16	WB		M	03/1/06	03/31/06	40	40	40	0				
12345DPT	17	ROBERTS	M		1		16	WB		M	04/1/06	04/30/06					40	40	40	0
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER

IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

Global Dosimetry Solutions

2652 McGaw Avenue, Irvine, CA 92614
U.S./Canada: (800) 251-3331
http://www.dosimetry.com e-mail: info@dosimetry.com

Page:

REPORTS APPROVED FPM/TPM REP 4131 05/05/06

Dose Estimate

GENERAL INFORMATION

MINIMUM EXPOSURE REPORTED: All dosimeters have a minimum threshold below which an actual exposure cannot be measured with statistical accuracy. ALL EXPOSURES BELOW THIS MINIMUM WILL BE REPORTED AS AN ASTERISK(*) IN COLUMNS 17, 18, 19, 20. These minimal exposures will not be carried forward in the cumulative data. Refer to specification sheet for minimum reportable doses.

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.

EXTERNAL DOSE: That portion of the dose equivalent received from radiation sources outside the body.

OCCUPATIONAL DOSE: Dose received by an individual in a restricted area or in the course of employment in which the individual's assigned duties involve exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, such as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.

EXTREMITY: Hand, elbow, arm below the elbow, foot, knee or leg below the knee.

WHOLE BODY: Head, trunk, arms above the elbow, legs above the knee.

DEEP DOSE EQUIVALENT: DDE Incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm^2); applies to whole body exposure.

EYE DOSE EQUIVALENT: LDE Incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm^2); applies to external exposure of the lens of the eye.

SHALLOW DOSE EQUIVALENT: SDE - WB Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm^2); applies to shallow dose of whole body.

SHALLOW DOSE EQUIVALENT: SDE - E Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7mg/cm^2); applies to shallow dose of extremity.

TECHNICAL DATA: Global Dosimetry performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.

RADIATION TEST SOURCES

Global Dosimetry has demonstrated satisfactory performance in accordance with the most recent version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance." DOE/EH-0027: "DOE" standard for the Performance Testing of Personnel Dosimetry System.

	10 CFR 20 LIMITS:	STATE LIMITS: (If applicable)
Whole Body:	5000 mrem/year	1250 mrem/qtr
Lens of eye	15,000 mrem/year	1250 mrem/qtr
Skin: SDE	50,000 mrem/year	7500 mrem/qtr
Extremity	50,000 mrem/year	18,750 mrem/qtr

REPORT IDENTIFICATION SECTION

ACCOUNT NO - Unique identifying number permanently assigned to a facility.
REPORT TO - Reporting address specified by customer.
REPORT APPROVED: FPMT/PM - Indicates technical approval to issue report.
NOTIFICATION LEVEL: Customer provided dose at which a phone notification is initiated.

WEARER IDENTIFICATION SECTION

COLUMN 2 - Unique individual wearer numbers assigned within an account. All exposure records are kept by wearer number.
COLUMN 3 - Individual's last name or other dosimeter designation.
COLUMN 4 - Individual's first initial.
COLUMN 5 - Individual's middle initial.
COLUMN 6 - Indicates individual's identification type printed in column 7:

Wearer ID Type

1. Social Security Number
2. Passport Number
3. Work Permit Number
4. Index Identification Number
5. Canadian Social Insurance Number
6. Other

Blank Not Designated

COLUMN 7 - The individual's identification number corresponding with identification type indicated in column 6.

WEARER IDENTIFICATION SECTION - CONTINUED

COLUMN 8 - Physical type of radiation detection media utilized in assigned dosimeter

Badge Type

01 - Film Badge	16 - TLD 760 Badge
03 & 04 - TLD 802 Badge	17 - TLD 910 Environmental
05 - TLD-807 Ring Flex/Hard	18 - Hard Ring
07 - TLD-814 Badge + CR39	19 - MeasuRing®
08 - TLD-803 Badge	20 - TLD 814 Environmental
09 - CR39 Fast Neutron Dosemeter	21 - REMtrack® Card (1 chip)
10 - Film Badge + CR39	22 - REMtrack® Card (2 chip)
11 - High Dose Dosemeter	23 - REMtrack® Card (1 chip + In-115m)
12 - High Dose Chipstrate Dosemeter	24 - REMtrack® Card (2 chip + In-115m)
14 - TLD 100 Badge	25 - CR39 in TLD 760 + In-115m
15 - TLD 760 Badge + CR39	26 - TLD 760 + In-115m
	27 - Eye Dosimeter

COLUMN 9 - General region of the body to be monitored if dosimeter is assigned to personnel. This column also reflects non-personal use of a dosimeter:

Monitored Region

WB & EW	= Whole Body	NPU	= Non Personnel Use
EYE	= Lens of Eye	EQ	= Equipment
URE	= Upper Right Extremity	ARE	= Area
ULE	= Upper Left Extremity	UNK	= Unknown
LRE	= Lower Right Extremity	NSE	= Non Specific Extremity
LLE	= Lower Left Extremity		

COLUMN 10 - Specific body part to be monitored if dosimeter is assigned to personnel. This field is optional and is provided to help differentiate between multiple badges worn on the same body region identified in column 12.

Monitored Part of Body

Whole Body		Extremities		Non-Personnel
Blank	Not Identified	Blank	Not Identified	Blank Not Identified
HD	Head	FA	Forearm	
CL	Collar	EL	Elbow	
CH	Chest	WR	Wrist	
TR	Torso	HN	Hand	
GR	Groin	FN	Finger	
FS	Fetus	FP	Fingertip	
UA	Upper Arm	KN	Knee	
TH	Thigh	FL	Foreleg	
BA	Back	AN	Ankle	
		FT	Foot	
		TO	Toe	
		OT	Other	

COLUMN 11 - Length of assigned monitoring period:

Frequency of Dosimeter Exchange

W	= 1 week	Q	= 3 months
B	= 2 weeks	F	= 4 months
M	= 1 month	S	= 6 months
T	= 2 months	A	= 12 months
O	= User specified (end date not displayed)	H	= 1/2 months

DOSIMETER AND DOSE OF RECORD

COLUMN 12 - First day of the assigned monitoring period for the dosimeter evaluated.
COLUMN 13 - Last day of the assigned monitoring period for the dosimeter evaluated. If not designated by customer, last day will be last calendar date of the monitoring period.
COLUMN 14 - Deep dose: DDE (includes Neutron dose if indicated in column 17).
COLUMN 15 - Eye dose: LDE (includes Neutron dose if indicated in column 17).
COLUMN 16 - Shallow dose: SDE (includes Neutron dose if indicated in column 17).
COLUMN 17 - Neutron dose stated is part of reported deep, eye and shallow in current exposure and is included in columns 14, 15, 16.
Non-personnel neutron badges are calibrated for response of dosimeter on a phantom.

DOSIMETER AND ESTIMATED DOSE

COLUMN 18 - Deep dose: DDE (includes Neutron dose if indicated in column 21).
COLUMN 19 - Eye dose: LDE (includes Neutron dose if indicated in column 21).
COLUMN 20 - Shallow dose: SDE (includes Neutron dose if indicated in column 21).
COLUMN 21 - Neutron dose stated is part of reported deep, eye and shallow in current exposure and is included in columns 18, 19, 20.
Non-personnel neutron badges are calibrated for response of dosimeter on a phantom.

REFERENCES

1. For rules and regulations applying to Radiation Safety in your state contact your State Health Department.
2. Standards for Protection against Radiation are published in the Code of Federal Regulations and may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Ask for 10 CFR 20.
3. Regulatory Guide 8.7 Rev. 1 Instructions for Recording and Reporting Occupational Exposure Data "provides guidance on":
   * Determining the doses in the current monitoring year for all persons who must be monitored and recording them on an NRC Form 5.
   * Submitting an annual report to the NRC of the results of individual monitoring (NRC Form 5).
   * Acquiring records of prior exposure (NRC Form 4).

This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulation 10 CFR part 19. You should preserve this report for further reference.

This report shall not be reproduced except in full without the written approval of the processing facility.

This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government.

Annual Radiation Exposure Summary Report

Accredited by the "National Institute of Standards and Technology through **NVLAP** for the specific scope of accreditation under lab code 100555-0"

ACCOUNT NO: 84244 **LOCATION:** 00000RAD

PLEASE NOTE

DATE REPORT PREPARED:	05/31/2006
MONITORING FREQUENCY:	O - ON DEMAND
PAGE: 1 OF: 1	
LICENSE NO:	
PURCHASE ORDER NO:	0123456

REPORT TO:
GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT
2652 MCGAW AVE

IRVINE, CA 92614

SHIP TO:
GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT
2652 MCGAW AVEZ

IRVINE, CA 92614

WEARER NUMBER	SLOT NUMBER	NAME (LAST) OR OTHER DESIGNATION	FI	MI	ID TYPE	SSN / ID	BIRTH DATE	SEX	BADGE TYPE	BODY REGION	BODY PART	SERVICE	MONITORING PERIOD FIRST DAY	MONITORING PERIOD LAST DAY	DESCRIPTION LAST MONITORING PERIOD ISSUED IF BADGES DELETED	YEAR TO DATE DEEP	YEAR TO DATE EYE	YEAR TO DATE SHALL	YEAR TO DATE NO. RPTS	LIFETIME TO DATE DEEP	LIFETIME TO DATE DOSE HISTORY ADJUSTMENTS	LIFETIME TO DATE INCEPTION DATE LIFETIME TOTAL
													DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW			YEAR TO DATE				LIFETIME TO DATE		
1		DOE	J	A	1	123456789	01/01/1900	M	01	WB		O	12/01/2004	12/31/2004	* CANCELLED 09/15/2005 *	10160	10160	10160	1	10160		10/01/2001
2		SMITH	M		1	123456789	01/01/1900	F	01	WB		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	1569	1569	1569	1	1569		10/01/2004
2		SMITH	M		1	123456789	01/01/1900	F	19	ULE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *			550	1			10/01/2004
2		SMITH	M		1	123456789	01/01/1900	F	19	URE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *			1050	1			10/01/2004
3		JONES	J		1	123456789	01/01/1900	M	19	NSE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *			0	1			10/01/2004
4		JOHNSON	J		1	123456789	01/01/1900	M	16	WB		O	12/01/2004	12/31/2004	* CANCELLED 06/21/2005 *	0	0	0	1	0		10/01/2004
4		JOHNSON	J		1	123456789	01/01/1900	M	19	ULE	FN	O	12/01/2004	12/31/2004	* CANCELLED 06/21/2005 *			0	1			10/01/2004
4		JOHNSON	J		1	123456789	01/01/1900	M	19	URE	FN	O	12/01/2004	12/31/2004	* CANCELLED 06/21/2005 *			1600	1			10/01/2004
5		AREA MONITOR			1				01	ARE		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	1712		1712	1	1712		10/01/2004
6	10000000	WAITING ROOM			1				14	ARE		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	250		250	1	250		10/01/2004
8		SPARE			1				01	WB		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	574	574	574	1	574		10/01/2004
9		VISITOR			1				01	WB		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	81	81	81	1	81		10/01/2004
10		CURIE	M		1	123456789	01/01/1900	F	10	WB		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	50	50	50	1	50		12/01/2004
11		HABIL	K		1	123456789	06/23/1972	F	15	WB		O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	500	500	500	1	500		12/01/2004
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER

IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

Global Dosimetry Solutions

2652 McGaw Avenue, Irvine, CA 92614
U.S./Canada: (800) 251-3331
http://www.dosimetry.com e-mail: info@dosimetry.com

REPORTS APPROVED FPM/TPM REP4047_US 11/03/04

Annual Account Summary

GENERAL INFORMATION

MINIMUM EXPOSURE REPORTED: All dosimeters have a minimum threshold below which an actual exposure cannot be measured with statistical accuracy. ALL EXPOSURES BELOW THIS MINIMUM WILL BE REPORTED AS AN ASTERISK(*) IN COLUMNS 17, 18, 19, 20. These minimal exposures will not be carried forward in the cumulative data. Refer to specification sheet for minimum reportable doses.

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.

EXTERNAL DOSE: That portion of the dose equivalent received from radiation sources outside the body.

OCCUPATIONAL DOSE: Dose received by an individual in a restricted area or in the course of employment in which the individual's assigned duties involve exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, such as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.

EXTREMITY: Hand, elbow, arm below the elbow, foot, knee or leg below the knee.

WHOLE BODY: Head, trunk, arms above the elbow, legs above the knee.

DEEP DOSE EQUIVALENT: DDE Incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm^2); applies to whole body exposure.

EYE DOSE EQUIVALENT: LDE Incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm^2); applies to external exposure of the lens of the eye.

SHALLOW DOSE EQUIVALENT: SDE - WB Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm^2); applies to shallow dose of whole body.

SHALLOW DOSE EQUIVALENT: SDE - E Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7mg/cm^2); applies to shallow dose of extremity.

TECHNICAL DATA: Global Dosimetry performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.

RADIATION TEST SOURCES

Global Dosimetry has demonstrated satisfactory performance in accordance with the most recent version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance." DOE/EH-0027: "DOE" standard for the Performance Testing of Personnel Dosimetry System.

	10 CFR 20 LIMITS:	STATE LIMITS: (If applicable)
Whole Body:	5000 mrem/year	1250 mrem/qtr
Lens of eye	15,000 mrem/year	1250 mrem/qtr
Skin: SDE	50,000 mrem/year	7500 mrem/qtr
Extremity	50,000 mrem/year	18,750 mrem/qtr

REPORT IDENTIFICATION SECTION

ACCOUNT NO - Unique identifying number permanently assigned to a facility.
REPORT TO - Reporting address specified by customer.
SHIP TO - Shipping address for dosimeters specified by customer.
DATES BADGES RECEIVED & REPORT PREPARED - These dates indicate the elapsed time to process, evaluate and report dosimeter results.
"PAGE _____ OF _____"
Indicates number of report pages in this reporting sequence.
LICENSE NO: Radiological license number assigned by the Nuclear Regulatory Commission (NRC) or the state regulatory agency.
PURCHASE ORDER NO. - Indicates purchase order number on file.
REPORT APPROVED: FPM/TPM - Indicates technical approval to issue report.
NOTIFICATION LEVEL: Customer provided dose at which a phone notification is initiated.

WEARER IDENTIFICATION SECTION

COLUMN 1 - Unique individual wearer numbers assigned within an account. All exposure records are kept by wearer number.
COLUMN 2 - Badges may be further identified by assigning a slot number (optional).
COLUMN 3 - Individual's last name or other dosimeter designation.
COLUMN 4 - Individual's first initial.
COLUMN 5 - Individual's middle initial.
COLUMN 6 - Indicates individual's identification type printed in column 7:

Wearer ID Type

1. Social Security Number
2. Passport Number
3. Work Permit Number
4. Index Identification Number
5. Canadian Social Insurance Number
6. Other

Blank Not Designated

WEARER IDENTIFICATION SECTION - CONTINUED

COLUMN 7 - The individual's identification number corresponding with identification type indicated in column 7.
COLUMN 8- Individual's birth date.
COLUMN 9- M = Male / F = Female.
COLUMN 10 - Physical type of radiation detection media utilized in assigned dosimeter

Badge Type

01 - Film Badge	16 - TLD 760 Badge
03 & 04 - TLD 802 Badge	17 - TLD 110 Environmental
05 - TLD 807 Ring Flex/Hard	18 - Hard Ring
07 - TLD 814 Badge + CR39	19 - MeasuRing®
08 - TLD 803 Badge	20 - TLD 814 Environmental
09 - CR39 Fast Neutron Dosimeter	21 - REMtrack® Card (1 chip)
10 - Film Badge + CR39	22 - REMtrack® Card (2 chip)
11 - High Dose Dosimeter	23 - REMtrack® Card (1 chip + In-115m)
12 - High Dose Chipstrate Dosimeter	24 - REMtrack® Card (2 chip + In-115m)
14 - TLD 100 Badge	25 - CR39 in TLD 760 + In-115m
15 - TLD 760 Badge + CR39	26 - TLD 760 + In-115m
	27 - Eye Dosimeter

COLUMN 11 - General region of the body to be monitored if dosimeter is assigned to personnel. This column also reflects non-personal use of a dosimeter.

Monitored Region

WB & EW	= Whole Body	NPU	= Non Personnel Use
EYE	= Lens of Eye	EQ	= Equipment
UPE	= Upper Right Extremity	ARE	= Area
ULE	= Upper Left Extremity	UNK	= Unknown
LRE	= Lower Right Extremity	NSE	= Non Specific Extremity
LLE	= Lower Left Extremity		

COLUMN 12 - Specific body part to be monitored if dosimeter is assigned to personnel. This field is optional and is provided to help differentiate between multiple badges worn on the same body region identified in column 12.

Monitored Part of Body

Whole Body		Extremities		Non-Personnel
Blank	Not identified	Blank	Not identified	Blank Not identified
HD	Head	FA	Forearm	
CL	Collar	EL	Elbow	
CH	Chest	WR	Wrist	
TR	Torso	HN	Hand	
GR	Groin	FN	Finger	
FS	Fetus	FP	Fingertip	
UA	Upper Arm	KN	Knee	
TH	Thigh	FL	Foreleg	
BA	Back	AN	Ankle	
		FT	Foot	
		TO	Toe	
		OT	Other	

COLUMN 14 - Length of assigned monitoring period:

Frequency of Dosimeter Exchange

W	= 1 week	Q	= 3 months
B	= 2 weeks	F	= 4 months
M	= 1 month	S	= 6 months
T	= 2 months	A	= 12 months
O	= User specified (and date not displayed)	H	= 1/2 months

DOSIMETER AND EXPOSURE HISTORY SECTION

COLUMN 14 - First day monitored for current year.

COLUMN 15 - Last day monitored for current year.

COLUMN 16 - First and last day the wearer had an assigned badge.

COLUMN 17 - Deep Cumulative year-to-date total for all non-extremity dosimeters reported in process year.

DOSIMETER AND EXPOSURE HISTORY SECTION - CONTINUED

COLUMN 18 - Eye: Cumulative year-to-date total for all whole body dosimeters reported in process year.

COLUMN 19- Shallow: Cumulative year-to-date total for all dosimeters reported in process year.

COLUMN 20 - Number Reports: Total number of reports issued in process year.

COLUMN 21 - Deep Cumulative lifetime total for all non-extremity dosimeters processed Ipus previous history and adjustments if provided by customer.

COLUMN 22 - Dose History Adjustments: Indication of an adjustment to an individual's radiation history.

Letter Adjustment Note

Letter	Adjustment Note
A	One or more additions to the year-to-date and lifetime doses.
B	One or more subtractions to the year-to-date and lifetime doses.
C	One or more additions to the lifetime dose only.
D	One or more subtractions to the lifetime dose only.
E	One or more addition(s) and subtraction(s) to the lifetime doses only.
F	Dose data provided by customer for the period prior to inception of service.
G	Dose data provided by customer for the period prior to inception of service; other changes have also been made.
H	Previous lifetime dose(s) and date of inception have been supplied by the customer.
I	Previous lifetime dose(s) and date of inception have been supplied by the customer; other changes have also been made.

COLUMN 23 - Inception Date of Lifetime Total: Date shown is starting date of service with Global Dosimetry or actual lifetime start date if data supplied by customer.

REFERENCES

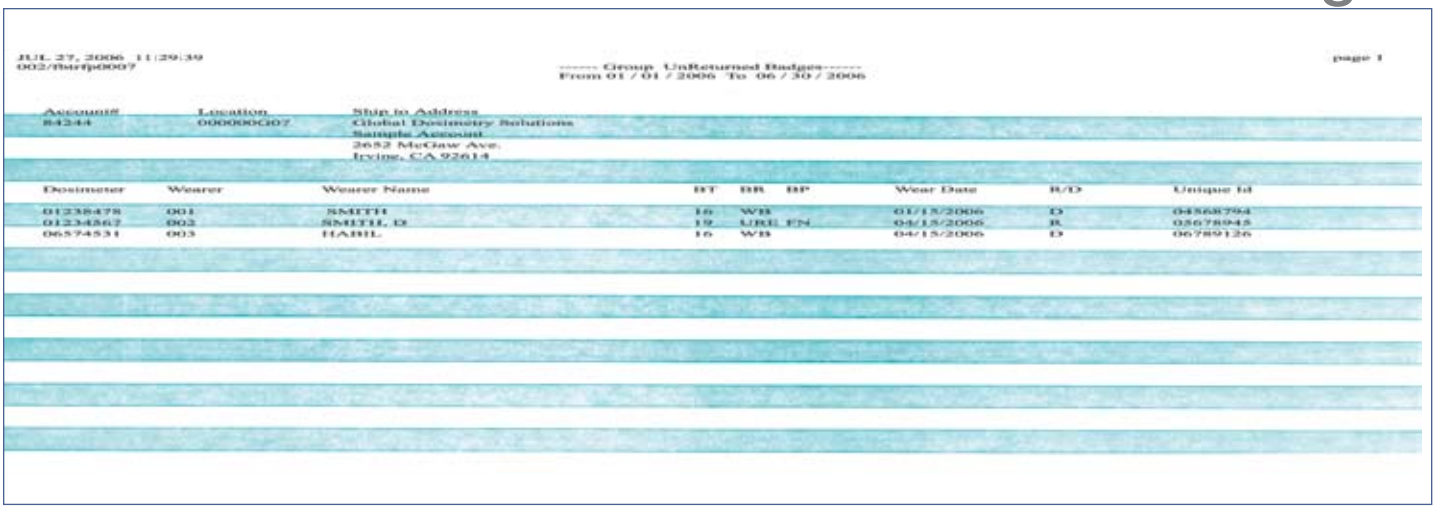
1. For rules and regulations applying to Radiation Safety in your state contact your State Health Department.
2. Standards for Protection against Radiation are published in the Code of Federal Regulations and may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Ask for 10 CFR 20.
3. Regulatory Guide 8.7 Rev. 1 Instructions for Recording and Reporting Occupational Exposure Data "provides guidance on":
   * Determining the doses in the current monitoring year for all persons who must be monitored and recording them on an NRC Form 5.
   * Submitting an annual report to the NRC of the results of individual monitoring (NRC Form 5).
   * Acquiring records of prior exposure (NRC Form 4).

This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulation 10 CFR part 19. You should preserve this report for further reference.

This report shall not be reproduced except in full without the written approval of the processing facility.

This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government.

UnReturned Badges



JUL 27, 2006 11:29:39
002/fburtp8007

------ Group UnReturned Badges------
From 01 / 01 / 2006 To 06 / 30 / 2006

page 1

Account#	Location	Ship to Address
84244	0000000307	Global Dosimetry Solutions Sample Account 2652 McGaw Ave. Irvine, CA 92614

Dosimeter	Wearer	Wearer Name	BT	BR	BP	Wear Date	R/D	Unique Id
01238478	001	SMITH	16	WB		01/15/2006	D	04568794
01234867	002	SMITH, D	19	URE FN		04/15/2006	R	03678945
06574531	003	HABIL	16	WB		04/15/2006	D	06789126

Environmental Monitoring Letter

Global Dosimetry Solutions

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April 07, 2006

GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT
2652 MCGAW AVE

IRVINE, CA 92614

Dear Jack

Enclosed is your environmental report for the locations, and wear periods listed below reported in units of mR:

Account	Location	Wear Date
84244	00000DPT	1/1/2006

As a reminder, no background has been applied. Only, fade and reader corrections have been applied. If you have any questions please contact a Sr. Technical Specialist at: (949) 419-1000.

Sincerely,

Sr. Technical Specialist
Global Dosimetry Solutions, Inc.

0043466

REP4110_0

Global Dosimetry Solutions

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Global Dosimetry Solutions Environmental Report

Account	**84244 SAMPLE ACCOUNT**
Location	00000DPT
Monitoring Period	1/1/2006
Process	0043466
Arrived at GD	4/3/2006

Badge Number	Name	Exposure mR*
	CONTROL-DAILY	5
	CONTROL-DAILY	5
1	DNTLD33	6
2	DNTLD43	6
3	DNTLD19	6
4	DNTLD42	6
5	NYTLDBK	23
6	NYTLDTC	6
7	NYTLDLC	11
11	DNTLD33	6
12	DNTLD43	6
13	DNTLD19	6
14	DNTLD42	6
15	NYTLDBK	23
16	NYTLDTC	6
17	NYTLDLC	11

*- No control exposures have been subtracted, and only element, reader and fade corrections have been made.

Page 1 of 1

REP4109_0

Report Requests

If you have questions about the reports listed in this book, please call (800) 251-3331.

To request a report for your account please contact your customer support representative or your sales representative.

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