

FORM 4

## CUMULATIVE OCCUPATIONAL EXPOSURE HISTORY

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	
6. MONITORING PERIOD		7. LICENSEE NAME		8. LICENSE NUMBER		9. RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE <input type="checkbox"/> PSE <input type="checkbox"/>	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
6. MONITORING PERIOD		7. LICENSEE NAME		8. LICENSE NUMBER		9. RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD <input type="checkbox"/>		10. ROUTINE <input type="checkbox"/> PSE <input type="checkbox"/>	
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11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
19. SIGNATURE OF MONITORED PERSON		20. DATE SIGNED		21. CERTIFYING ORGANIZATION		22. SIGNATURE OF DESIGNEE		23. DATE SIGNED	

**INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF  
RAM FORM 4**

*(All doses should be stated in rem's)*

**PRIVACY ACT STATEMENT**

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, including punctuation. The number should be the 9-digit social security number if 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:

<u>Code</u>	<u>ID Type</u>
SSN	US Social Security Number
PPN	Passport Number
WPN	Work Permit Number
EMP	Employee 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/YY.
6. Enter the monitoring period for which this report is being filed. The format should be MM/DD/YY – MM/DD/YY.
7. Enter the name of the licensee or facility not licensed by MDH that provided the monitoring.
8. Enter the MDH radioactive materials license number or numbers.
9. Place an "X" in Record, Estimate, or No Record. Choose "Record" if the dose data listed represents a final determination of the dose received to the best of the licensee's knowledge. Choose "Estimate" only if the listed dose data is preliminary and will be superceded by a final determination resulting in a subsequent report (for example, dose data based on self-reading pocket dosimeter results that the licensee intends to replace with TLD results when they become available).

10. Place an "X" in either Routine or PSE. Choose "PSE" if the dose data resulted from 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 should report the sum of all PSEs.
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 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 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. Enter the date that this form was signed by the monitored individual.
21. (OPTIONAL) Enter the name of the licensee or facility not licensed by MDH that provided monitoring for exposure to radiation, or the employer if the licensee does not employ the individual 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 FORM 4 being signed.
23. (OPTIONAL) Enter the date this form was signed by the designated representative.

Pursuant to Minnesota Data Practices Act, Minnesota Statutes chapter 13, the following statement is furnished to individuals who supply information to the Minnesota Department of Health (MDH) on RAM FORM 4.

**PRINCIPAL PURPOSE(S):**

The information used by MDH 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 on your exposure is available to you upon request.

**ROUTINE USE(S):**

The information may be used to provide data to federal agencies and other state agencies involved in the monitoring and/or evaluating radiation exposure received by individuals employed as radiation workers on a permanent or temporary basis and exposures 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 judicial proceeding.

**WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:**

It is voluntary that you furnish the information, including social security number; however, the licensee must complete RAM FORM 5 on each individual for whom personal monitoring is required. Failure to do so may subject the licensee to enforcement action. The social security number is used to assure that MDH has an accurate identifier not subject to the coincidence of similar names or birthdates among the large number of persons on whom data is maintained.