AGENCY FORM T

CERTIFICATE - DISPOSITION OF RADIOACTIVE MATERIALS

ALL ITEMS MUST BE COMPLETED. PLEASE PRINT.

LICENSEE NAME AND ADDRESS	LICENSE NUMBER	AGENCY ID (AGENCY USE ONLY)
	LICENSE EXPIRATION DATE	

A. LICENSE STATUS (Check the appropriate box)

☐ This license has expired. ☐ This license has not yet expired; please terminate it.

B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.

☐ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.

☐ a. Transfer of radioactive materials to the licensee listed below:

☐ b. Disposal of radioactive materials:

☐ 1. Directly by the licensee:

☐ 2. By licensed disposal site:

☐ 3. By waste contractor:

☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of Part O, and is ALARA.

C. SURVEYS PERFORMED AND REPORTED

☐ 1. A radiation survey was conducted by the licensee. The survey confirms:

☐ a. the absence of licensed radioactive materials

☐ b. that any remaining residual radioactivity is within the REGULATORY limits of Part O, and is ALARA.

☐ 2. A copy of the radiation survey results:

☐ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to the Agency on _____ Date

☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and

☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

NAME	TITLE	TELEPHONE *(Include Area Code)*	E-MAIL ADDRESS

Mail all future correspondence regarding this license to:

D. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

PRINTED NAME AND TITLE	SIGNATURE	DATE

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. AGENCY REGULATIONS REQUIRE THAT SUBMISSIONS BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT.

CERTIFICATE OF DISPOSITION OF MATERIALS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING AGENCY FORM T.

Part O establishes the radiological criteria for license terminations/decommissioning of facilities licensed under Part C.

INSTRUCTIONS

Section B, Item 2.
Licensees should describe the specific radioactive material transfer actions. If radioactive wastes were generated in terminating this license, the licensee should describe the disposal actions taken, including the disposition of low-level radioactive waste, mixed waste, greater-than-Class-C waste, and sealed sources.

Section B, Item 2. a.
The information provided concerning the transfer of radioactive material to another licensee should specify the date of the transfer, the name of the licensee recipient, an individual contact name and telephone number for the licensee recipient, and the recipient's NRC or Agreement State license number.

Section B, Item 2.b.
For disposal of radioactive materials, licensees should describe the specific disposal method or procedure (e.g., decay-in-storage). For those cases when radioactive materials are disposed of by a licensed disposal site or by a waste contractor, the licensee should specify the name, address, and telephone number of the licensed disposal site operator or waste contractor.

Section B, Item 2.c.
"Residual radioactivity," as defined in Part A.2, means radioactivity in ‘areas' (structures, materials, soils, etc.) remaining as a result of activities (licensed and unlicensed) under the licensee's control from sources used by the licensee, excluding background radiation. ALARA is defined in Part A.2.

AGENCY FORM V

REGISTRATION CERTIFICATE

IN VITRO TESTING WITH RADIOACTIVE MATERIAL UNDER GENERAL LICENSE

Paragraph C.22i. of Part C of the Agency Radiation Control Regulations establishes a general license authorizing physicians, clinical laboratories, hospitals, and veterinarians in the practice of veterinary medicine to possess certain small quantities of radioactive material for in vitro clinical or laboratory tests not involving the internal or external administration of the radioactive material or the radiation therefrom to human beings or animals. Possession of radioactive material under Paragraph C.22i is not authorized until the physician, clinical laboratory, hospital, or veterinarian in the practice of veterinary medicine, has filed Agency Form V and received from the Agency a validated copy of Agency Form V with a registration number.

1. Name and Business Address of Applicant (See Instruction 5.A. below)

Business Telephone Number (Include area code)

Business E-mail Address

2. Application (*Check one box only)*

I hereby apply for a registration number pursuant to Paragraph C.22i of Part C, for use of radioactive materials for:

- ☐ Myself, a duly licensed physician authorized to disperse drugs in the practice of medicine.
- ☐ The above-named clinical laboratory.
- ☐ The above-named hospital.
- ☐ Veterinarian in the practice of veterinary medicine.

3. Place of Use

If the place of use is different from the address listed in Section 1, give the complete business address:

4. Registration

Registration Number:

- *For initial registration, leave this space blank. A number will be assigned by the Agency.*
- *If this is a change of information from a previously registered general license, include your registration number.*

5. Instructions

A. In the box above, print or type the name, address (including Zip Code), telephone number, and e-mail address of the registrant physician, clinical laboratory, hospital, or veterinarian in the practice of veterinary medicine for whom or for which this registration form is filed.

B. Submit this form to the Agency.

6. Certification

I hereby certify that:

A. All information in this registration certificate is true and complete.

B. The registrant has appropriate radiation measuring instruments to carry out the tests for which radioactive material will be used under the general license of Paragraph C.22i of Part C. The tests will be performed only by personnel competent in the use of the instruments and in the handling of the radioactive materials.

C. I understand that Agency regulations require that any change in the information furnished by a registrant on this registration certificate be reported to the Agency within 30 days from the effective date of such change.

D. I have read and understand the provisions of Paragraph C.22i of Part C; and I understand that the registrant is required to comply with those provisions as to all radioactive material which he receives, acquires, possesses, uses, or transfers under the general license for which this Registration Certificate is filed with the Agency.

PRINTED NAME AND TITLE	SIGNATURE	DATE

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. AGENCY REGULATIONS REQUIRE THAT SUBMISSIONS TO THE AGENCY BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS.

CONDITIONS AND LIMITATIONS OF GENERAL LICENSE PARAGRAPH C.22i OF PART C

i. A general license is hereby issued to any physician, veterinarian, clinical laboratory or hospital to receive, acquire, possess, transfer or use, for any of the following stated tests, in accordance with the provisions of C.22i., ii., iii., iv., v. and vi., the following radioactive materials in prepackaged units for use in in vitro clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals:

(1) Carbon-14, in units not exceeding 370 kBq (10 µCi) each.

(2) Cobalt-57, in units not exceeding 370 kBq (10 µCi) each.

(3) Hydrogen-3 (tritium), in units not exceeding 1.85 MBq (50 µCi) each.

(4) Iodine-125, in units not exceeding 370 kBq (10 µCi) each.

(5) Mock Iodine-125 reference or calibration sources, in units not exceeding 1.85 kBq (0.05 µCi) of iodine-129 and 185 Bq (0.005 µCi) of americium-241 each.

(6) Iodine-131, in units not exceeding 370 kBq (10 µCi) each.

(7) Iron-59, in units not exceeding 740 kBq (20 µCi) each.

(8) Selenium-75, in units not exceeding 370 kBq (10 µCi) each.

ii. No person shall receive, acquire, possess, use or transfer radioactive material pursuant to the general license established by C.22i.i. until the person has filed Agency Form V, "Certificate - In Vitro Testing with Radioactive Material Under General License", with the Agency and received from the Agency a validated copy of Agency Form V with certification number assigned. The physician, veterinarian, clinical laboratory, or hospital shall furnish on Agency Form V the following information and such other information as may be required by that form:

(1) Name and address of the physician, veterinarian, clinical laboratory or hospital;

(2) The location of use; and

(3) A statement that the physician, veterinarian, clinical laboratory, or hospital has appropriate radiation measuring instruments to carry out in vitro clinical or laboratory tests with radioactive material as authorized under the general license in C.22i.i. and that such tests will be performed only by personnel competent in the use of such instruments and in the handling of the radioactive material.

iii. A person who receives, acquires, possesses, or uses radioactive material pursuant to the general license established by C.22i.i. shall comply with the following:

(1) The general licensee shall not possess at any one time, pursuant to the general license in C.22i.i., at any one location of storage or use, a total amount of iodine-125, iodine-131, selenium-75, iron-59, and/or cobalt-57 in excess of 7.4 MBq (200 µCi).

(2) The general licensee shall store the radioactive material, until used, in the original shipping container or in a container providing equivalent radiation protection.

(3) The general licensee shall use the radioactive material only for the uses authorized by C.22i.i.

(4) The general licensee shall not transfer the radioactive material to a person who is not authorized to receive it pursuant to a license issued by the Agency, the NRC, or any Agreement State, nor transfer the radioactive material in any manner other than in the unopened, labeled shipping container as received from the supplier.

(5) The general licensee shall dispose of the Mock Iodine-125 reference or calibration sources described in C.22i.i.(8) as required by Part D.2001a. of these regulations.

iv. The general licensee shall not receive, acquire, possess, or use radioactive material pursuant to C.22i.i.:

(1) Except as prepackaged units which are labeled in accordance with the provisions of an applicable specific license issued pursuant to C.28h. or in accordance with the provisions of a specific license issued by the NRC or any Agreement State which authorizes the manufacture and distribution of iodine125, iodine-131, carbon-14, hydrogen-3 (tritium), iron-59, selenium-75, cobalt-57, or Mock Iodine-125 to persons generally licensed under C.22i. or its equivalent, and

(2) Unless the following statement or a substantially similar statement which contains the information called for in the following statement, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:

This radioactive material shall be received, acquired, possessed, and used only by physicians, veterinarians, clinical laboratories, or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use, and transfer are subject to the regulations and a general license of the NRC or an Agreement State.

_____

NAME OF MANUFACTURER

v. The physician, veterinarian, clinical laboratory, or hospital possessing or using radioactive material under the general license of C.22i.i. shall report in writing to the Agency, any changes in the information furnished in the "Certificate - In Vitro Testing with Radioactive Material Under General License", Agency Form V. The report shall be furnished within 30 days after the effective date of such change.

vi. Any person using radioactive material pursuant to the general license of C.22i.i. is exempt from the requirements of Parts D and J of these regulations with respect to radioactive material covered by that general license, except that such persons using the Mock Iodine-125 described in C.22i.i.(5) shall comply with the provisions of Part D.2001a., D.2201 and D.2202 of these regulations.

NOTES

(1) A new triplicate set of this Registration Certificate, Agency Form V, may be used to report any change of information furnished by a registrant as required by Paragraph C.22i.v. of Part C.

(2) If larger quantities or other forms of radioactive material than those specified in the general license of Paragraph C.22i. are required, an "Application for Radioactive Material License," Agency Form _____ should be filed to obtain a specific radioactive material license. Copies of the application and certification forms may be obtained from:

AGENCY FORM W

REGISTRATION CERTIFICATE

USE OF DEPLETED URANIUM UNDER GENERAL LICENSE

Paragraph C.21e. establishes a general license authorizing the use of depleted uranium contained in industrial products or devices for mass-volume applications. Submit Agency Form W within 30 days after the first receipt or acquisition of such depleted uranium.

1. Instructions:

A. Print or type the name and address of the registrant (including ZIP Code) for whom this form is filed in Box 3 below.

B. Submit this form in duplicate to:

(Agency will assign a file number, and a copy of this form will be returned to you.)

2. I hereby file Agency Form W pursuant to Paragraph C.21e., for use of depleted uranium contained in industrial products or devices for mass-volume applications.

3. Name and Address of Registrant for whom this form is filed (include Zip code)	**4. File Number** (Leave blank - to be assigned by the Agency)

5. Individual Duly Authorized to Act for and on Behalf of the Registrant in Supervising the Procedures.

A. Name	**B. Title**	
C. Address	**D. Office Phone Number**	**E. Office Fax Number**
	F. E-mail Address	

6. Certification

I hereby certify that:

A. All information in this registration certificate is true and complete.

B. This registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in Paragraph C.21e. and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium.

C. I understand that Agency regulations require that any changes in information furnished by a registrant on this registration certificate be reported in writing to the Agency within 30 days after the effective date of such change.

D. I understand that the registrant is required to comply with the provisions of Paragraph C.21e. (reprinted on the reverse side of this form) with respect to all depleted uranium which the registrant receives, acquires, uses, or transfers under the general license for which this registration certificate is filed with the Agency.

E. Printed or Typed Name and Title of Person Filing Form	**F. Signature**	**G. Date**

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. AGENCY REGULATIONS REQUIRE THAT SUBMISSIONS TO THE AGENCY BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECTS.

AGENCY FORM W

REGISTRATION CERTIFICATE

USE OF DEPLETED URANIUM UNDER GENERAL LICENSE (CONTINUED)

PARAGRAPH C.21e.

e. Depleted Uranium in Industrial Products and Devices.

i. A general license is hereby issued to receive, acquire, possess, use, or transfer, in accordance with the provisions of C.21e.ii., iii., iv., and v., depleted uranium contained in industrial products or devices for the purpose of providing a concentrated mass in a small volume of the product or device.

ii. The general license in C.21e.i. applies only to industrial products or devices which have been manufactured or initially transferred either in accordance with a specific license issued to the manufacturer of the products or devices pursuant to C.28m. or in accordance with a specific license issued to the manufacturer by the NRC or an Agreement State which authorizes manufacture of the products or devices for distribution to persons generally licensed by the NRC or an Agreement State.

iii. (1) Persons who receive, acquire, possess, or use depleted uranium pursuant to the general license established by C.21e.i. shall file Agency Form W "Certificate - Use of Depleted Uranium Under General License" with the Agency. The form shall be submitted within 30 days after the first receipt or acquisition of such depleted uranium. The general licensee shall furnish on Agency Form W the following information and such other information as may be required by that form:

(a) Name and address of the general licensee;

(b) A statement that the general licensee has developed and will maintain procedures designed to establish physical control over the depleted uranium described in C.21e.i. and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium; and

(c) Name and title, address, and telephone number of the individual duly authorized to act for and on behalf of the general licensee in supervising the procedures identified in C.21e.iii.(1)(b).

(2) The general licensee possessing or using depleted uranium under the general license established by C.21e.i. shall report in writing to the Agency any changes in information furnished by the licensee in Agency Form W "Certificate - Use of Depleted Uranium Under General License". The report shall be submitted within 30 days after the effective date of such change.

iv. A person who receives, acquires, possesses, or uses depleted uranium pursuant to the general license established by C.21e.i. shall:

(1) Not introduce such depleted uranium, in any form, into a chemical, physical, or metallurgical treatment or process, except a treatment or process for repair or restoration of any plating or other covering of the depleted uranium;

(2) Not abandon such depleted uranium;

(3) Transfer or dispose of such depleted uranium only by transfer in accordance with the provisions of C.40 and D.2001a. of these regulations. In the case where the transferee receives the depleted uranium pursuant to the general license established by C.21e.i., the transferor shall furnish the transferee a copy of this regulation and a copy of Agency Form W. In the case where the transferee receives the depleted uranium pursuant to a general license contained in the NRC's or Agreement State's regulation equivalent to C.21e.i., the transferor shall furnish the transferee a copy of this regulation and a copy of Agency Form W accompanied by a note explaining that use of the product or device is regulated by the NRC or Agreement State under requirements substantially the same as those in this regulation;

(4) Report in writing to the Agency, within 30 days of any transfer, the name and address of the person receiving the depleted uranium pursuant to such transfer; and

(5) Not export such depleted uranium except in accordance with a license issued by the NRC pursuant to 10 CFR Part 110.

v. Any person receiving, acquiring, possessing, using, or transferring depleted uranium pursuant to the general license established by C.21e.i. is exempt from the requirements of Parts D and J of these regulations with respect to the depleted uranium covered by that general license.

AGENCY FORM X
(09-2022)

[AGENCY]

NOTICE TO EMPLOYEES

STANDARDS FOR PROTECTION AGAINST RADIATION; NOTICES, INSTRUCTIONS AND REPORTS TO WORKERS; INSPECTIONS

In [CITE APPROPRIATE REGULATIONS], [CITE APPROPRIATE AGENCY] has established standards for your protection against radiation hazards. In [CITE APPROPRIATE REGULATIONS], [CITE APPROPRIATE AGENCY] has established certain provisions for the options of workers engaged in work under an Agency license or registration.

YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to:

1. Apply these regulations to work involving sources of radiation.
2. Post or otherwise make available to you a copy of the [cite appropriate Agency] regulations, and the operating procedures which apply to work you are engaged in and explain their provisions to you.
3. Post Notice of Violation involving radiological working conditions, proposed imposition of civil penalties and orders.

YOUR RESPONSIBILITY AS A WORKER

You should familiarize yourself with those provisions of the [cite appropriate Agency] regulations, and the operating procedures which apply to the work you are engaged in. You should observe their provisions for your own protection and protection of your co-workers.

WHAT IS COVERED BY THESE REGULATIONS?

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas;
2. Measures to be taken after accidental exposure;
3. Personnel monitoring, surveys, and equipment;
4. Caution signs, labels, and safety interlock equipment;
5. Exposure records and reports;
6. Options for workers regarding Agency inspections; and
7. Related matters.

WHAT IF I WORK WITH RADIOACTIVE MATERIAL OR IN THE VICINITY OF A RADIOACTIVE SOURCE?

If you work with radioactive materials or near a radiation source, the amount of radiation exposure you are permitted to receive may be limited by Agency regulations. The limits on exposure for workers at Agency licensed facilities whose duties involve exposure to radiation are contained in sections D.1201, D.1207, and D.1208 of [cite appropriate regulations] depending on the part of the regulations to which your employer is subject. While these are the maximum allowable limits, your employer should also keep your radiation exposure as far below those limits as is “reasonably achievable.”

MAY I GET A RECORD OF MY RADIATION EXPOSURE?

Yes. Your employer is required to make available to you the information in your dose records (as maintained under the provisions of D.2106). In addition, your employer is required to provide you with an annual report of the dose you received in that monitoring year if the dose exceeds 100 millirem, or if you request an annual report.

INSPECTIONS

All licensed or registered activities are subject to inspection by representatives of [cite appropriate Agency]. In addition, any worker or representative of workers who believes that there is a violation of the [Cite Appropriate Radiation Control Act], the regulations issued thereunder, or the terms of the employer's license or registration with regard to radiological working conditions in which the worker is engaged, may request an inspection by sending a notice of the alleged violation to the [cite appropriate Agency]. The request must set forth the specific grounds for the notice and must be signed by the worker as the representative of the workers. During inspections, Agency inspectors may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition which he believes contributed to or caused any violation as described above.

POSTING REQUIREMENT

COPIES OF THIS NOTICE MUST BE POSTED IN A SUFFICIENT NUMBER OF PLACES IN EVERY ESTABLISHMENT WHERE EMPLOYEES ARE EMPLOYED IN ACTIVITIES LICENSED OR REGISTERED, PURSUANT TO PART B OR PART C, BY THE [CITE APPROPRIATE AGENCY], TO PERMIT EMPLOYEES WORKING IN OR FREQUENTING ANY PORTION OF A RESTRICTED AREA TO OBSERVE A COPY ON THE WAY TO OR FROM THEIR PLACE OF EMPLOYMENT.

To report safety concerns or
violations of Agency requirements
by your employer, telephone:

[AGENCY]
SAFETY HOTLINE
1-555-555-5555

AGENCY

ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
PHONE
EMAIL
WEBSITE

AGENCY FORM Y
(9-2022)

[AGENCY]
CUMULATIVE OCCUPATIONAL DOSE HISTORY

***Note: Social Security Numbers must not be visible on the outside of any package sent by mail.**

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. IDENTIFICATION NUMBER*	3. ID TYPE	4. SEX ☐ MALE ☐ FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)

6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) -	7. LICENSEE NAME	8. LICENSE NUMBER	9. ☐ RECORD ☐ ESTIMATE ☐ NO RECORD	10. ☐ ROUTINE ☐ PSE

11a. EDEX	11b. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) -	7. LICENSEE NAME	8. LICENSE NUMBER	9. ☐ RECORD ☐ ESTIMATE ☐ NO RECORD	10. ☐ ROUTINE ☐ PSE

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11a. EDEX	11b. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) -	7. LICENSEE NAME	8. LICENSE NUMBER	9. ☐ RECORD ☐ ESTIMATE ☐ NO RECORD	10. ☐ ROUTINE ☐ PSE

11a. EDEX	11b. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) -	7. LICENSEE NAME	8. LICENSE NUMBER	9. ☐ RECORD ☐ ESTIMATE ☐ NO RECORD	10. ☐ ROUTINE ☐ PSE

11a. EDEX	11b. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODE

19. SIGNATURE OF MONITORED INDIVIDUAL	20. DATE SIGNED	21. CERTIFYING ORGANIZATION	22. SIGNATURE OF DESIGNEE	23. DATE SIGNED

INSTRUCTIONS FOR COMPLETION OF AGENCY FORM Y
(All doses should be stated in rems)

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

   CODE ID TYPE

SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
PADS	PADS Identification Number Other
OTH	Other

4. Check the box that denotes the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format (MM/DD/YYYY).
6. Enter the monitoring period for which this report is filed. The format should be (MM/DD/YYYY) - (MM/DD/YYYY).
7. Enter the name of the licensee or facility not licensed by the Agency that provided monitoring.
8. Enter the Agency license number or numbers.
9. Place an "X" in Record, Estimate, or No Record. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee intends to assign the record dose on the basis of TLD results that are not yet available. If the individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained, enter "No Record" for this monitoring period. The individual would not be available for a PSE. For monitoring periods during the current year where records are not available, reduce the individual's allowable dose by 1.25 rems for each quarter for which records were unavailable as required by D.2104e.1.
10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period.
11. A. EDEX – Enter the EDEX for the entire monitoring period (e.g., year). EDEX is the sum of the EDEX component determined using Agency-approved special dosimetry methods and the EDEX component estimated by the DDE for those time periods when not using Agency-approved special dosimetry methods. Note: If EDEX has been determined by measuring the DDE (at the highest exposed part of the whole body – see D.1201c) for the entire monitoring period, then box 11a and 11b will have the same value.

    B. DDE – Enter the DDE measured at the highest point on the whole body for the entire monitoring period (e.g., year – including those time periods when EDEX was being determined using Agency-approved special dosimetry methods).
12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.
13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).
14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).
15. Enter the committed effective dose equivalent (CEDE).
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11a and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11b and 16.
19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information contained on the form is complete and correct to the best of his or her knowledge.
20. Enter the date this form was signed by the monitored individual.
21. [OPTIONAL] Enter the name of the licensee or facility not licensed by Agency, providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee and the employer chooses to maintain exposure records for its employees.
22. [OPTIONAL] Signature of the person designated to represent the licensee or employer entered in item 21. The licensee or employer who chooses to countersign the form should have on file documentation of all the information on the Agency Form Y being signed.
23. [OPTIONAL] Enter the date this form was signed by the designated representative.

ADDITIONAL INFORMATION PERTINENT TO AGENCY FORM Y CUMULATIVE OCCUPATIONAL DOSE HISTORY

This form or a clear and legible record containing all the information required on this form must be prepared by each licensee or registrant of the [cite appropriate Agency] who, pursuant to D.1502, proposes to expose an individual to a radiation dose exceeding the amounts specified in Part D, "Standards for Protection Against Radiation", D.1502a. A separate Agency Form Y shall be completed for each individual to be exposed to a radiation dose in excess of the limits specified in D.1502a. of [cite appropriate Agency] regulations.

1. PRINCIPAL PURPOSE(S): The information is used by the Agency in its evaluation of the risk of exposures to radiation and radioactive material associated with licensed activities 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 to radiation is available to you upon your request.

2. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information, including the Social Security number (SSN) in block #2. The SSN is used to assure that Agency has an accurate and unique identifier not subject to the coincidence of similar names or birth dates among the large number of persons on who data is maintained and to assure that there are no missed doses or monitoring periods, and an individual gets a complete dose history when requested. The licensee must complete Agency Form Z on each individual for whom personnel monitoring is required under D.1502. In addition, licensees must submit this information to the Agency in accordance with the requirement under D.2206. Failure to do so may subject the licensee to enforcement action in accordance with D.2401.

AGENCY FORM Z
(09-2022)

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

***Note: Social Security Numbers must not be visible on the outside of any package sent by mail.**

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX ☐ MALE ☐ FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)

6. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY)	7. LICENSEE NAME	8. LICENSE NUMBER(S)	9A. ☐ RECORD ☐ ESTIMATE	9B. ☐ ROUTINE ☐ PSE
-				

INTAKES				**DOSES (in rem)**	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN µCi		
				EFFECTIVE DOSE EQUIVALENT (FOR EXTERNAL EXPOSURES) (EDEX)	11A.
				DEEP DOSE EQUIVALENT (FOR THE ENTIRE MONITORING PERIOD) (DDE)	11B.
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11A AND 15) (TEDE)	17.
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11B AND 16) (TODE)	18.
				19. COMMENTS	

20. SIGNATURE - LICENSEE	21. DATE PREPARED

INSTRUCTIONS FOR THE COMPLETION OF AGENCY FORM Z
(All doses should be stated in rems)

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

CODE	ID TYPE
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
PADS	PADS Identification Number Other
OTH	Other

4. Check the box that denotes the sex of the individual being monitored.
5. Enter the date of birth of the individual being monitored in the format (MM/DD/YYYY).
6. Enter the monitoring period for which this report is filed. The format should be (MM/DD/YYYY) - (MM/DD/YYYY).
7. Enter the name of the licensee or facility not licensed by NRC that provided monitoring.
8. Enter the Agency license number or numbers.

9A. Place an “X” in 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. If the individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained, enter “No Record” for this monitoring period.

9B. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period. 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.

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

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."

10D. Enter the intake of each radionuclide in µCi.

11A. Enter the effective dose equivalent (EDEX).

11B. DDE – Enter the DDE measured at the highest point on the whole body for the entire monitoring period (e.g., year – including those time periods when EDEX was being determined using NRC- approved special dosimetry methods).

12. Enter the lens does equivalent (LDE) recorded for the lens of the eye.
13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).
14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, ME).
15. Enter the committed effective dose equivalent (CEDE).
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11A and 15.
18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11B and 16.
19. 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 possibility would be to indicate that an over exposed report has been sent to NRC in reference to the exposure report.
20. Signature of the person designated to represent the licensee.
21. Enter the date this form was prepared.

ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF AGENCY FORM Z OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

The preparation and safekeeping of this form or a clear and legible record containing all the information required on this form is required pursuant to Part D, “Standards for Protection Against Radiation”, D.2106, as a current record of occupational external radiation exposures. Such a record must be maintained for each individual for whom personnel monitoring is required under D.1502.

1. PRINCIPAL PURPOSE(S): The information is used by the Agency in its evaluation of the risk of exposures to radiation and radioactive material associated with licensed activities 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 to radiation is available to you upon your request.
2. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information, including the Social Security number (SSN) in block #2. The SSN is used to assure that Agency has an accurate and unique identifier not subject to the coincidence of similar names or birth dates among the large number of persons on who data is maintained and to assure that there are no missed doses or monitoring periods, and an individual gets a complete dose history when requested. The licensee must complete Agency Form Z on each individual for whom personnel monitoring is required under D.1502. In addition, licensees must submit this information to the Agency in accordance with the requirement under D.2206. Failure to do so may subject the licensee to enforcement action in accordance with D.2401.