



CUMULATIVE OCCUPATIONAL DOSE HISTORY
(Please read the instructions before completing this form)



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

A current copy of this form can be found here: [Radiation \(ct.gov\)](http://Radiation.ct.gov).

1. NAME (LAST, FIRST, MIDDLE INITIAL)			2. IDENTIFICATION NUMBER*		3. ID TYPE		4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH (MM/DD/YYYY)	
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) -			7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD		10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11a. EDEX	11b. DDE	12. LDE	13. SDE,WB	14. SDE,ME	15. CEDE	16. CDE	17. TEDE		18. TODE	
6. MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY) -			7. LICENSEE NAME		8. LICENSE NUMBER		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD		10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
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Affirmation by Monitored Individual: By execution of this form, I hereby affirm that: (a) all information provided on this form is true and accurate; and (b) I have not received any occupational dose aside from those indicated on this form.

Authorization by Monitored Individual: By execution of the form, I hereby authorize all licensees listed on this form to release my occupational dose exposure to other licensees listed on this form for the sole purpose of determining total radiation exposure as required by 10 CFR 20.1201(f). This authorization shall be valid for a period of one year from the date of execution.

19. SIGNATURE OF MONITORED INDIVIDUAL	20. DATE SIGNED	21. CERTIFYING ORGANIZATION	22. SIGNATURE OF DESIGNEE	23. DATE SIGNED	24. TOTAL PAGES
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**INSTRUCTIONS PERTINENT TO THE COMPLETION OF DEEP FORM 4,
CUMULATIVE OCCUPATIONAL DOSE HISTORY
(All doses should be stated in rems)**

1. Type or print the full name of the monitored individual in the order of last name (include "Jr," "Sr," "III," etc.), first name, middle initial (if applicable).
2. Enter the individual's identification number, do not include punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification such as a passport or work permit.
3. Enter the code for the type of identification used as shown below:
CODE ID TYPE
SSN U.S. Social Security Number
PPN Passport Number
CSI Canadian Social Insurance Number
WPN Work Permit Number
PADS PADS Identification Number
OTH Other
4. Check the box that denotes the sex at birth of the individual being monitored. **CHECKING THE BOX IS OPTIONAL.**
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 NRC or Agreement State 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 dosimeter 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 RCSA 22a-153-20.
10. Place an "X" in either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period.

- 11A. EDEX – Enter the EDEX for the entire monitoring period (e.g., year). EDEX is the sum of the EDEX component determined using NRC-approved special dosimetry methods (see RG 8.40) and the EDEX component estimated by the DDE for those time periods when not using NRC-approved special dosimetry methods.

Note: If EDEX has been determined by measuring the DDE (at the highest exposed part of the whole body (see Sec. 22a-153-2(e)) for the entire monitoring period, then box 11a and 11b will have the same value.
- 11B. DDE – Enter the DDE measured at the highest point on the whole body for the entire monitoring period (e.g., year – including those time periods when EDEX was being determined using State of CT-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 the State of Connecticut, 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
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.
24. [OPTIONAL] Enter the total number of pages.

**ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF
DEEP FORM 4, CUMULATIVE OCCUPATIONAL DOSE HISTORY**

This form is designed to assist a licensee to report the cumulative occupational dose history of each of its employee as required by the Department of Energy and Environmental Protection (DEEP) and the Nuclear Regulatory Commission (NRC) in accordance with R.C.S.A §22a-153-20.

1. Definitions of Terms: Please refer to NRC Regulatory Guide 8.34, "Monitoring Criteria and Methods to Calculate Occupational Radiation Doses" and NRC Regulatory Guide 8.40, "Methods for Measuring Effective Dose Equivalent from External Exposure" for definition of terms used in this form.

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 Identification Number is used to assure that DEEP 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. If you do not provide the information, the effect on you would be that your radiation exposure control information would be incomplete and it may be necessary to restrict your work involving radiation exposure at this organization.

3. Completion of DEEP Form 4 and DEEP Form 5: The licensee must complete DEEP Form 4 and DEEP Form 5 on each individual for whom personnel monitoring is required under R.C.S.A §22a-153-20. In addition, licensees shall make such records available to DEEP to inspect and copy upon request in accordance with the provisions of R.C.S.A §22a-153-20. Failure to do so may subject the licensee to enforcement action in accordance with the provisions of section 22a-6, section 53a-157b and section 22a-158c of the Connecticut General Statutes, and in accordance with any other applicable statute.

4. Privacy Statement: DEEP shall maintain all personal data provided hereunder in accordance with the provisions of C.G.S. §§ 4-190 through 4-197, inclusive.

The licensee is hereby made aware that information contained in DEEP's record is legally disclosable under Connecticut's Freedom of Information Act as codified in C.G.S. §§1-200 through 1-242, inclusive, only under certain circumstances and for uses permitted under Connecticut State law.

In accordance with the C.G.S. §4-193(e) the following statement is furnished to individuals who supply personal data to the Department of Energy and Environmental Protection on DEEP Form 4 and DEEP Form 5:

"The personal data collected by the Department of Energy and Environmental Protection on DEEP Form 4 and DEEP Form 5 is relevant and necessary for evaluation of the risk of exposures to radiation and radioactive material associated with licensed activities and enables DEEP to exercise its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data obtained permits a meaningful comparison of both current and long-term occupational exposure of an individual. Data on your exposure to radiation from the licensee is available to you upon your request."

5. For More Information or Inquiries Please Contact:
Radiation Division
Connecticut Department of Energy and Environmental Protection
79 Elm Street, Hartford, CT 06106
Email: DEEP@LRMReg@ct.gov
Telephone: 1-860-424-3029

Affirmative Action, Equal Employment Opportunity and Americans with Disabilities

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or deep.accommodations@ct.gov if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint