

RADIATION EXPOSURE REPORT (Whole Body)

1. ACTIVITY SUBMITTING REPORT (Name, Address, and Telephone Number)	2. UIC	3. DATE SUBMITTED
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E-MAIL ADDRESS:

MEMBER'S INFORMATOIN			EXPOSURE INFORMATION							DOSE EVALUATION					
4. NAME (Last, First, MI)	5. SSN	6. UIC	7. Dosimeter Number	8. Issue Period			9. Collected			9. Rad Type	10.. Occ Code	11. SDE-WB (rem)	12. DDE-Photon (rem)	13. DDE-Neutron (rem)	14. Total DDE (rem)
				DD	MMM	YYYY	DD	MMM	YYYY						

15. REMARKS

16. SUBMITTED BY	17. DATE RECEIVED	18. DATE RELEASED	19. APPROVED BY	20. PAGES _____ of _____
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INSTRUCTIONS FOR PREPARATION OF NAVMED 6470/3

The following instructions apply to the numbered items on the other side of this form. Whole body dosimeters submitted for evaluation shall be listed in the following order: first, CONTROL dosimeters; second, all dosimeters issued to personnel; third, POSTED dosimeters; fourth, dosimeters used in the Neutron Area Monitor (NAM); and last, all UNUSED dosimeters.

Notes:

1. The NAM is used to monitor neutron fields. The NAM uses two dosimeter cards located in the center slider and can also hold up to 8 additional dosimeter cards in the 4 sliders located around the perimeter of the monitor. In addition to measuring Neutron Dose Equivalent, the NAM also measures the Neutron Energy Correction Factor (NECF) for the DT-702/PD and DT-648/PD personnel whole body dosimeter.

2. Dosimeters do not have to be submitted to the dosimetry processor in the same order as they are listed on the NAVMED 6470/3 if this report is submitted on magnetic media (e.g., generated by SAMS, ARCMIS, and RHA computer programs).

3. Specific Coding Instructions

Item	Instructions
1	List complete name, postal mailing address, telephone number, e-mail address and POC of submitting activity
2	List 5 digit Unit Identification Code (UIC) of submitting activity
3	Record date on which the report is submitted
4	The following entries are required in block (4): "CONTROL" for control dosimeters; last name, first name and middle initial for dosimeters issued to personnel; "POSTED" for posted dosimeters; and "UNUSED" for any dosimeters not used. For each dosimeter card used in the NAM list the three digit series number on the device followed by a one letter position code located on each dosimeter slider in the device. Example: 001A (this indicates NAM number 001, position A). The next line on the form would be 001B to indicate NAM 001, position B. Positions C through J could also be loaded if desired.
5	List social security number (SSN) for all personnel to whom dosimeters were issued. If the individual does not have a social security number, i.e., a foreign national, enter a pseudo SSN as: 800 for the first 3 digits, the year, month, and day of birth. (i.e., 800YYMMDD). Leave blank for CONTROL, POSTED, NAM, and UNUSED dosimeters.
6	Enter the UIC where radiation exposure is received by the individual, POSTED dosimeter, or NAM dosimeter cards identified in column 4.
7	List the barcode number of the dosimeter issued. Be very careful to list the barcode of the dosimeter card and not the holder, which may also be bar-coded
8	List dates of issue and collection for each dosimeter in the DD MMM YYYY format (e.g., 12 Dec 2002)
9	Use one of the following numeric codes to indicate the type of radiation exposure to be evaluated for each dosimeter: <ol style="list-style-type: none"> 1. DDE – Photon (where DDE represents Deep Dose Equivalent) 2. DDE – Neutron 3. DDE – Photon & DDE - Neutron 4. SDE – Whole Body (where SDE represents Shallow Dose Equivalent) 5. SDE – Whole Body & DDE - Photon 6. SDE – Whole Body & DDE – Photon & and DDE - Neutron
10	Enter the occupation code that the majority of exposure occurred (See Chapter 5 of P-5055)
11	SDE – WB (rem): The measurement from the whole body dosimeter at 0.007 cm of tissue depth (7 mg/cm ²)
12	DDE - Photon (rem): The measurement from the whole body dosimeter at 1.0 cm of tissue depth (1,000 mg/cm ²) due to photons.
13	DDE - Neutron (rem): The measurement from the whole body dosimeter at 1.0 cm of tissue depth (1,000 mg/cm ²) due to neutrons.
14	Total DDE (rem): The sum of DDE -Photon and DDE- Neutron (column 12 + column 13)
15	Use as appropriate by submitting activity
16	Printed name title, and signature, of person submitting report.
17-19	Leave Blank.

Copies of this form and other associated radiation dosimetry materials are available on request from the Naval Dosimetry Center, Navy Environmental Health Center Detachment, Bethesda, MD, 20889-5614, Voice: (301) 295-0142/ 0403/ 6164 (DSN: 295), FAX: (301) 295-5981 (DSN: 295) e-mail: help@navdoscen.med.navy.mil