



## INSTRUCTIONS FOR PREPARATION OF NAVMED 6470/15

The following instructions apply to the numbered items on the other side of this form. Extremity dosimeters submitted for evaluation shall be listed in the following order: first, CONTROL dosimeters; second, all dosimeters issued to personnel; and finally all UNUSED dosimeters.

**Notes:**

1. Dosimeters do not have to be submitted to the dosimetry processor in the same order as they are listed on the NAVMED 6470/TBD if this report is submitted on magnetic media (e.g., generated by SAMS, ARCMIS, and RHA computer programs).
2. 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; and 'UNUSED' for any dosimeters not used.															
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).															
6	Enter the 5 digit UIC of the command where the majority of the exposure occurred.															
7	List the serial number of the dosimeter issued.															
8	List dates of issue and collection for each dosimeter in the following format: DD MMM YYYY (e.g., 23 NOV 2001).															
9	<p>Use one of the following letter codes (A-D) to indicate the type of radiation exposure to be evaluated for each dosimeter. If the radiation field is unknown, choose OTHER. If the exposure is in a mixed radiation field then choose OTHER and describe the field in the "15. REMARKS" section.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Radiation (Rad) Type</th> <th style="text-align: center;">Field Description</th> <th style="text-align: center;">Nuclides Include</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>PHOTON fields, average energy <math>\geq</math> 20 keV (X-ray techniques <math>\geq</math> 30 kVp)</td> <td>Numerous</td> </tr> <tr> <td style="text-align: center;">B</td> <td>BETA fields, maximum energy 70-999 keV *</td> <td>C-14, S-35, Pm-147, P-33, Kr-85, TI-204</td> </tr> <tr> <td style="text-align: center;">C</td> <td>BETA fields, maximum energy <math>\geq</math> 1,000 keV Sr-89, P-32, Sr90/Y-90</td> <td>Sr-89, P-32, Sr90/Y-90</td> </tr> <tr> <td style="text-align: center;">D</td> <td>Other; use "REMARKS" section to specify type and energy of radiation(s).</td> <td></td> </tr> </tbody> </table> <p><i>* Beta particles of energy &lt; 70 keV (e.g. H-3) have a range of less than 7 mg/cm<sup>2</sup>, and therefore do not have enough energy to reach the target cells of the skin.</i></p>	Radiation (Rad) Type	Field Description	Nuclides Include	A	PHOTON fields, average energy $\geq$ 20 keV (X-ray techniques $\geq$ 30 kVp)	Numerous	B	BETA fields, maximum energy 70-999 keV *	C-14, S-35, Pm-147, P-33, Kr-85, TI-204	C	BETA fields, maximum energy $\geq$ 1,000 keV Sr-89, P-32, Sr90/Y-90	Sr-89, P-32, Sr90/Y-90	D	Other; use "REMARKS" section to specify type and energy of radiation(s).	
Radiation (Rad) Type	Field Description	Nuclides Include														
A	PHOTON fields, average energy $\geq$ 20 keV (X-ray techniques $\geq$ 30 kVp)	Numerous														
B	BETA fields, maximum energy 70-999 keV *	C-14, S-35, Pm-147, P-33, Kr-85, TI-204														
C	BETA fields, maximum energy $\geq$ 1,000 keV Sr-89, P-32, Sr90/Y-90	Sr-89, P-32, Sr90/Y-90														
D	Other; use "REMARKS" section to specify type and energy of radiation(s).															
10	Enter the occupation code that applies to the majority of the exposure (see Section 5-12 of P-5055)															
11	Enter the two digit code to indicate where the extremity dosimetry was worn. RH = Right Hand    LH = Left Hand    RW = Right Wrist    LW = Left Wrist RA = Right Ankle    LA = Left Ankle    OT = Other. Use REMARK block to explain															
12	SDE - Shallow Dose Equivalent; measurement from the extremity dosimeter at 0.007 cm of tissue depth (7 mg/cm <sup>2</sup> ).															
13	Use as appropriate by submitting activity															
14	Printed name title, and signature, of person submitting report.															
15 - 17	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 address: [help@navdoscen.med.navy.mil](mailto:help@navdoscen.med.navy.mil)