

**DOSIMETRY APPLICATION AND RECORD OF PREVIOUS RADIATION EXPOSURE**

OMB No. XXXX-XXXX  
OMB approval expires  
TBD

The public reporting burden for this collection of information is estimated to average ## hours/minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PERSONAL INFORMATION** (Print legibly or type all information requested.) See Privacy Act Statement on reverse

1. FULL NAME (Last, First, Middle Initial)		2. DATE OF BIRTH (YYYYMMDD)	
3a. SOCIAL SECURITY NO.	3b. DOD ID NO.	4. DUTY SECTION (Dept., Unit, etc. or Company, if contractor)	5. JOB TITLE
6. DUTY PHONE		7. EMAIL ADDRESS	
8. HAVE YOU WORN A DOSIMETER ISSUED BY THIS COMMAND IN THE PAST?		9. DUTY STATUS (X One)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> PERMANENT <input type="checkbox"/> Temporary (6 weeks or less)	

**OCCUPATIONAL EXPOSURE HISTORY**

**NOTE:** This section only applies to the individual who has worked with radiation producing devices or radioisotopes. List only those employers for whom you worked with radiation. If you have not been issued a dosimeter previously, enter "NONE" in the first block.

11. NAME OF EMPLOYER	12. ADDRESS (Street address, city, state, zip code)	13. FROM		14. TO		RSO Use Only (Date History Requested)
		MO.	YR.	MO.	YR.	

16. Individual has received instruction on potential hazards associated with use of or exposure to radiation.

a. DATE (YYYYMMDD):	b. RSO'S INITIALS:	c. INDIVIDUAL'S INITIALS:
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17. (Initial (a) or (b) below):

a. I state that I have had no prior occupational dose during the calendar year:	INDIVIDUAL'S INITIALS
b. I state that I have received an estimated total dose of _____ during the current calendar year.	INDIVIDUAL'S INITIALS

18. I hereby certify that the exposure history listed above is correct and complete to the best of my knowledge and belief. Receipt of the dosimeter states that I will uphold all NRC and Army requirements for proper use and storage. In the event of theft or loss, I will immediately notify the RSO or his/her delegate. Under the provisions of 10 CFR 19.13, 29 CFR 1910.1096 and the Privacy Act of 1974, I hereby authorize the release of, and request that all of my radiation exposure records be furnished to appropriate authorities in accordance with the "Routine Uses" portion of the Privacy Act Statement. As a radiation worker, I have been provided instruction in radiation protection by 10 CFR 19.12 and 29 CFR 1910.1096. I have been informed of the biological effects and the risks from ionizing radiation on the embryo-fetus. I understand pregnant female workers may formally declare their pregnancy to be restricted to a lower dose limit. I understand female workers should contact the RSO for additional training when they disclose their pregnancy. I have read and understand the Privacy Act Statement on the reverse of this form.

a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
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**Required Monitoring (This section for RSO use only.)**

19. MONITORING	Radiation Monitoring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, leave boxes 20 through 25 blank.			
EXTERNAL	20. DOSIMETER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> WHOLE BODY	<input type="checkbox"/> FINGER	<input type="checkbox"/> HEAD & NECK	<input type="checkbox"/> NEUTRON
	21. FREQUENCY:	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI - ANNUALLY	OTHER	
INTERNAL	22. BIOASSAY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	23. BASELINE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	24. SPECIMEN TYPE(S) AND RADIONUCLIDES						
	25. FREQUENCY:	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI - ANNUALLY	OTHER	

ADDITIONAL NOTES	SIGNATURE OF RSO	DATE SIGNED (YYYYMMDD)
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**PRIVACY ACT STATEMENT**  
**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
**(5 USC 552a)**

- 1. TITLE OF FORM:** Dosimetry Application and Record of Previous Radiation Exposure
- 2. PRESCRIBING DIRECTIVE:** AR 385-10
- 3. AUTHORITY:** 10 U.S.C. 7013, Secretary of the Army; 29 U.S.C. Chapter 15, Occupational Safety and Health; AR 40-13, Radiological Advisory Medical Teams; AR 385-10, The Army Safety and Occupational Health Program; DA PAM 385-10, The Army Safety Program; 10 CFR Part 20, Standards for Protection Against Radiation; and E.O. 9397 (SSN) as amended.
- 4. PRINCIPAL PURPOSE(S):** To monitor, evaluate, and control the risks of individual exposure to ionizing radiation or radioactive materials by comparison of test for short and long term exposure. Conduct investigations of occupational health hazards and relevant management studies and ensure efficiency in maintenance of prescribed safety standards. As well as ensure individual qualifications and education in handling radioactive materials are maintained. Data on your exposure to ionizing radiation or radioactive material is available to you upon request. For additional information see the System of Records Notice A0040-11 DASG, Radiation Exposure Records (<https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).
- 5. ROUTINE USES:** Information provided may be further disclosed to the National Council on Radiation Protection and Measurement and the National Research Council, involved in monitoring/evaluating exposures of individuals to ionizing radiation or radioactive materials who are employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. To the Department of Veterans Affairs to verify occupational radiation exposure for evaluating veterans benefit claims. The information may be disclosed to appropriate authorities in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.
- 6. DISCLOSURE:** Voluntary. However, the installation or activity must maintain a completed Automated Dosimetry Record (ADR) on each individual occupationally exposed to ionizing radiation or radioactive material. If information is not furnished, individual may not become a radiation worker.

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