

**ALASKA DEPARTMENT OF ENVIRONMENTAL  
CONSERVATION**

**OCCUPATIONAL EXTERNAL RADIATION EXPOSURE  
HISTORY**

**See Instructions on the Back**

IDENTIFICATION

1. Name (Print -- Last, first, and middle)	2. Social Security No.
3. Date of Birth (Month, Day, Year)	4. Age in Full Years (N)

**OCCUPATIONAL EXPOSURE — PREVIOUS HISTORY**

5. Previous Employ- ments involving radi- ation exposure -- List name and address of Employer  9 (insert one)	6. Dates of Employment (from-to)	7. Periods of Exposure	Previous Dose History	
			8. Whole Body (rem)	9. Recorded or Calcu- lated

10. Remarks	11. Accumulated Occupational Dose — Total	
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13. Calculations — Permissible Dose

Whole Body:

(A) Permissible accumulated  
dose —  $5(N-18)$  — \_\_\_\_\_ Rem

(B) Total Exposure to date  
(From item 11) — \_\_\_\_\_ Rem

(C) Unused part of permissible  
accumulated dose (A-B) — \_\_\_\_\_ Rem

12. Certification: I  
certify that the  
exposure history listed in columns  
5, 6 and 7 is correct and complete  
to the best of my knowledge and  
belief.

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Employee's Signature \_\_\_\_\_ date \_\_\_\_\_

14. NAME OF LICENSEE OR REGISTRANT