RADIATION RECORD

(Articles Referenced herein are in TW120-AA-PRO-010)

I understand that radiation exposures must be controlled to as low as reasonably achievable (ALARA). A radiation control level of 0.5 REM per year has been established by this radiological controls program for whole-body radiation exposure for the purpose of reducing total man-REM. This radiation control level is the same as the federal limit for a member of the general public and is one-tenth the federal limit for occupational exposure. Although all radiation exposure involves potential risks, the radiation control level is such that no detectable biological effects are expected even if exposures continue for a lifetime at this annual level.

I know of no potentially disqualifying medical conditions (such as history of extensive radiation treatments) which should prevent my receiving radiation exposure within prescribed federal limits.

I understand the necessity of obeying radiological control limits and requirements, of minimizing time spent close to sources of radiation and of properly wearing my dosimeter.

PRIVACY ACT STATEMENT:

Pursuant to 5 U. S. C. 552a(e) (3) of the privacy act of 1974 as amended (Public Law 93-579) Executive Order 9379. "Numbering System for Federal Accounts Relating to Individual Persons," 5 U. S. C. 301, and NAVMED P-5055 "Radiation Health Protection Manual," the information collected herein is maintained in Department of the Navy Systems of Records N06150-1. This information will be used to measure and document radiation exposure, as well as ensure that a person's total radiation exposure (excluding medical and natural background) will not exceed allowable limits. The data on your exposure to radiation is available to you upon your request. Routinely, this information may be used for maintenance, of safe occupational/environmental protection standards as well as maintenance of exposure history for employers, employees, and visitors. You are not required to provide the information; however, failure to do so may result in denial to enter restricted areas.

BEFORE COMPLETING THIS FORM, READ THE BREIFING AND PRIVACY ACT STATEMENT ABOVE

SECTION I
IDENTIFICATION

NAME OF SHIP OR STATION WHERE EXPOSURE WILL OCCUR			DATE EXPOSURE TO OCCUR
NAME OF PERSON (LAST, FIRST, MI)	RANK/GRADE	SOCIAL SECURITY NO.	BIRTH DATE
PARENT COMMAND (SPONSORING COMMAND)			OFFICE CODE OR MANE
MAILING ADDRESS OF PARENT COMMAND			PHONE

SECTION II
RADIOLOGICAL CONTROLS REP. WILL DETERMINE

- ☐ SHIP/STATION NON-WEAPONS WORKER (ART. 205) - COMPLETE SECTIONS III & IV ONLY
- ☐ VISITING WEAPONS WORKER (ART. 206) - COMPLETE SECTIONS III & V
- ☐ VISITOR OTHER THAN WEAPONS WORKER (ART. 207) - COMPLETE SECTIONS III & VI ONLY

SECTION III
EXPOSURE HISTORY

- ☐ I CERTIFY THAT I HAVE NOT EXCEEDED THE RADIATION CONTROL LEVEL OF 0.5 REM THIS CALENDAR YEAR
- ☐ I HAVE EXCEEDED OR WILL EXCEED 0.5 REM DURING THIS VISIT. I HAVE MY COMMANDING OFFICER'S WRITTEN APPROVAL TO EXCEED THE RADIATION CONTROL LEVEL

SECTION IV
SHIP/STATION NON-WEAPONS WORKER

I HAVE READ & UNERSTAND THE ABOVE BREIFING & WILL COMPLY WITH ALL REQUIREMENTS.

☐ I DO ☐ I DO NOT RECEIVE EXPOSURE FROM OTHER RADIOLOGICAL CONTROLS PROGRAMS

☐ I DO ☐ I DO NOT HAVE MY OWN DOSIMETER

SIGNATURE AND DATE SIGNED

SECTION V
VISITING WEAPONS WORKER

I AM A MEMBER OF A WEAPONS RADIOLOGICAL CONTROLS PROGRAM. I HAVE RECEIVED REQUIRED TRAINING PRESCRIBED IN ART. 204 (& 208, IF APPLICABLE) OF NAVSEA TW120-AA-PRO-010, & I WILL COMPLY WITH ALL HOST COMMAND RADIOLOGICAL CONTROL REQUIREMENTS

☐ I DO ☐ I DO NOT HAVE MY OWN DOSIMETER

SIGNATURE AND DATE SIGNED

SECTION VI
VISITOR OTHER THAN WEAPONS WORKER

I HAVE READ & UNDERSTAND THE ABOVE BREIFING & WILL COMPLY WITH ALL REQUIREMENTS

☐ I DO ☐ I DO NOT RECEIVE EXOSURE FROM ANOTHER RADIOLOGICAL CONTROLS PROGRAM (RADIOGRAPHY, NUCLEAR PROPULSION, ETC.

☐ YES ☐ NO ☐ UNKNOWN MY COMMAND REPORTS RADIOLOGICAL EXPOSURE TO CHBUMED

☐ I DO ☐ I DO NOT HAVE MY OWN DOSIMETER

SIGNATURE AND DATE SIGNED

SECTION VII
RADIOLOGICAL CONTROLS REPRESENTATIVE

I HAVE REVIEWED THIS COMPLETED FORM & BASED ON THE INFORMATION PROVIDED, INDIVIDUAL

☐ IS ☐ IS NOT ELIGIBLE TO RECEIVE EXPOSURE AT THIS COMMAND

☐ DOSIMETER ISSUE REQUIRED

☐ DOSIMETER NOT REQUIRED

SIGNATURE AND DATE SIGNED

SECTION VIII
DOSIMETER DATA AND EXPOSURE DATA

LIF TLD SERIAL NO.	DATE ISSUED	DATE RETURNED	GAMMA (REM)	NEUTRON (REM)	TOTAL (REM)

I VERIFY THAT THE EXPOSURE DATA HAS BEEN TRANSCRIBED FROM FROM NAVMED 6470/4 AND

☐ ENTERED ON DD FORM 1141 ☐ FORWARDED TO PARENT OR SPONSORING COMMAND

SIGNATURE AND DATE SIGNED

DATE FORWARDED (If applicable)

OPTIONAL RECORDING OF LOCAL CONTROL OR SERIAL NUMBER ➡