# NOTICE

TO:

Employees & students who are required to wear x-ray dosimeters.

FROM:	0 L F K H O O H Radiation Safety C 5795 USA Drive N Mobile, AL 36688		FAX: 460-6068			
SUBJECT:	·	State requirements regarding personnel exposure at two different				
	exposures of empl maximum allowabl radiation (such as or student's occup Therefore, if you h	oyees and studer might re limit or in a room with a 1 when a fluoroscopy beam ational exposure is the sum ave a secondary employer, with them to sharexposure	00-mrem-per-hour field of is energized). An employeen of all occupational sources, the Radiation Safety Office			
	•	s procedurewe must knov o, by whom. Please notify ເ				
MEMORAN	DUM					
TO:	All new employees	& students working with ra	diation.			
FROM:	0LFKHOOH	7 D \ O R U, Radiation Saf	ety Officer			
SUBJECT:	Previous Occupat	ional Radiation Exposures				
	Please complete a	nd return the statement belo	ow to CSAB 330.			
During the in excess of 25	mmediate past caler 5% of the applicable	•	ved an occupational dose in			
Date	Name	 Title	Facility / Department			

## ALABAMA DEPARTMENT OF PUBLIC HEALTH OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY

(Follow instruction at bottom of page)

	IDENTIF	ICATION			
1. Name (print Last, First, and Middle)			2. Social Security Number		
3. Date of Birth (Month, Day, Year)			4. Age in Full Years (N)		
OCCUP/	ATIONAL EXPOSUF	RE-PREVIO	US HISTORY		
5. Previous employments 6. Dates of er		t 7. Periods of		Previous Dose History	
involving radiation exposure	(From-To)	employment	8. Whole Body (Rem)	Record or Calculated     (Insert one)	
10. Remarks	11. Accumulated Occup	pational Des <b>ī</b> eotal			
				<u> </u>	
12. CalculationsPermissible Dose				oosure History listed in	
Whale Deduc		columns 5, 6 and 7 is correct and complete to the best of my			
Whole Body:  (A) Permissible accumulated Dose	knowledgær	na bellet.			
(7) 1 officiolo de cumulate a Dece	e:51(181) =Rer				
(B) Total exposure to date (From it	tem 11)=Rer	Employee's	Signature	Date	
(C) Unused part of permissiblaccui	mulated				
Dose (AB)	=Rer				
	14. Name of Lic	censee or Registrant			

Complete blocks 1-4 and if applicable, columns 5, 6, & 7. Unless you are certain of the answers, leave the others blank and we will research the exposures and complete 8, 9, 10, 11 and 12. Sign block 13.

#### PROCEDURE FOR PERSONNEL MONITORING

The Alabama Department of Public Health's Department of Radiation Control is the regulatory Agency for radiation exposure in Alabama. Their annual regulatory dose limits are:

	no aro:			
		Effective Dose Equivalent Traditional Unit (Rem)SI Unit of Sieverts (S		
1.	Whole body, Head, and Trunk Active blood-forming organs, and Gon	5 Rem (5,000 millirer ads	n)).05 Sv (50 milliSv)	
2.	Eyes	15 Rem	0.15 Sv	
3.	The dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a "declared pregnant work A second individual monitoring device, at the abdomen under the lead apron, required for a declared pregnant work."	lan"** 0.5 Rem Worn is	0.005 Sv (5 mSv)	
4.	Members of the public	0.1 Rem	0.001 Sv (1 mSv)	
		Shallow D	ose Equivalent	
5.	The dose to skin or to any extremity including the head but not the eyes.	50 Rem	0.5 Sv	

<sup>&</sup>quot;Declared pregnant woman" means a womanwohuntaatiy informed the radiation safety officer, in writing, of her pregmathtlye estimated date of conception. Such declarations may be made in confidence. According to the US Supreme court, pregnancy declarations are not mandatory.

The naximum whole body exposure of individuals under 18 years of age must be limited to 10% of the annual occupational dose limits specified for adult workers. Prior to starting work in a radiation area all new occupationally exposed personnel shall sign a form indicating if they have or have not received an occupational dose in excess of 10 % of the applicable limits. The badge shall be worn on the collar outside of any lead garments, if applicable. If lead aprons or shields are used, a declared pregnant woman must wear a second dosimeter under those protective garments.

If we suspect that any body part might receive a higher dose than the above listed limits, a second dosimeter or ionization chamber (to be interpreted daily) shall be issued. Extremity dosimeters shall be worn on the wrist or hand that receives the greater amount of exposure.

Personnel monitors shall be provided to each individual who enters a restricted area under such circumstances that they receive, or may receive, a dose in excess of 10 percent of the listed applicable limits OR if they are in a room with a radiation field of 100 milliroentgens per hour.

All personnel who are issued a personnel dosimeter are responsible and accountable for wearing it at the appropriate times and returning it as instructed in a timely manner.

#### PROCEDURE FOR PERSONNEL MONITORING (continued)

The Radiation Safety Office shall besprensible for the distribution and collection of dosimeters on a routine basis. The RadiatSafety Office shall maintain a supply of dosimeters to replace those lost and those are test visitors, new users, and temporary users.

Normally, external radiation exposusteall be determined from a dosimeter worn by the individual. Exposure from internal emittests all be determined from measurement of biological samples and/or external counting required method of monitoring may be reviewed and changed at any time by the Radiation Safety Officer.

The normal method of determining exposureatpha or weak beta emitters shall be through measurements of biological samples from the exposed individual. Such samples (e.g., urine, feces, or blood) shall be sitted to the Radiation Safety Office for analysis.

If there is a suspected accidental in**tiala**, ingestion, or skin puncture involving radionuclides, the Radiation Safety Office must be notified immediately.

#### PERSONNEL MONITORING RECORD

Dosimeter#	<u> </u>		
	Office	LISA	only

Office use only

In order to maintain current and top-date personnel monitoring records, the following information is needed:

NAM		ST DDLE			_ FIRST MA ,D (I	N		_
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DATE	OF BIF	_	<b>N</b> .4 (1	D.	,			
			Month	Day	Year			
SOCI	AL SEC	URITY	/ NUMBER:	:				_
			•	•		•	is worn and o de the lead ap	•
				ation Safety T documented			r than the Uni NO	versity —
(Film	Badge,	Ioniza					adiation expo	
1.	Institutio	on whe	ere monitæd	:				
		Add	ress of sam	ne <u>:</u>				_
	Pei	riod of	Employmer	nt <u>:</u>		To		_
2.	Institutio	on whe	ere monitore	ed <u>:</u>				_
		Add	ress of sam	ne:				_
	Pei	riod of	Employmer	nt <u>:</u>				_
3.	Institutio	on whe	ere monitore	ed:				_
		Add	lress of sam	ne:				
	Pei	riod of	Employmer	nt:				_
4.	Institutio	on whe	re monitore	d:				_
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	Pei	riod of	Employmer	nt:		То		

### UNIVERSITY OF SOUTH ALABAMA

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