



Ohio Department of Health

Cumulative Occupational Dose History

(NRC Form 4 Equivalent)

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1. Name (last, first, middle initial)		2. Identification number (preferable SS#)			3. ID type		4. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		5. Date of birth (mm/dd/yy)	
6. Monitoring period (mm/dd/yy) to (mm/dd/yy) () to ()		7. Licensee or registrant name			8. License or registration number		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
11a. EDEX	11b. DDE	12. LDE	13. SDE WB	14. SDE, ME	15. CEDE*	16. CDE*	17. TEDE		18. TODE*	
6. Monitoring period (mm/dd/yy) to (mm/dd/yy) () to ()		7. Licensee or registrant name			8. License or registration number		9. <input type="checkbox"/> Record <input type="checkbox"/> Estimate <input type="checkbox"/> No record		10. <input type="checkbox"/> Routine <input type="checkbox"/> PSE	
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11a. EDEX	11b. DDE	12. LDE	13. SDE WB	14. SDE, ME	15. CEDE*	16. CDE*	17. TEDE		18. TODE*	
19. Signature of monitored individual		20. Date signed (mm,dd,yy)		21. Certifying organization (Optional)			22. Signature of designee (optional)		23. Date signed (mm/dd/yy) (optional)	

• HEA 5101 (Rev. 4/22) *Licensees only, if applicable

Instructions

1. Type or print the full name of the monitored individual (last name, first name, and middle initial).
2. Enter the individual's identification number including punctuation. This number **should be their social security number** if at all possible. If the individual has no social security number, enter the number from another official identification, such as their passport or work permit.
3. Enter the code for the type of identification that was used in 2. Use one of the codes shown in the table below.

Code	ID Type
SSN	U.S. Social Security Number
PPN	Passport Number
CSI	Canadian Social Insurance Number
WPN	Work Permit Number
PAD	PADS Identification Number
OTH	Other

4. Click/Check the box that denotes the sex of the individual being monitored. Choose either "male" or "female".
5. Enter the date of birth of the individual being monitored in the format of (mm/dd/yy).
6. Enter the monitoring period for which this report is filed. The format should be [(mm/dd/yy) to (mm/dd/yy)].
7. Enter the name of the licensee, registrant, or facility not licensed by the Ohio Department of Health, NRC, or other Agreement States that provided the monitoring (e.g. DOE).
8. Enter the Ohio, NRC, or other Agreement State license or registration number.
9. Click/Check the appropriate box either "**Record**", "**Estimate**" or "**No Record**".
 - Choose "**Record**" if the dose data listed represent a final determination of the dose received to the best of the licensee's or registrant's knowledge.
 - Choose "**Estimate**" only if the listed dose data are preliminary and will be superseded by a final determination resulting in a subsequent report. An example would be dose data based on a self-reading dosimeter results and the licensee intends to assign the record dose on the basis of TLD results not yet available.
 - Choose "**No Record**" if an individual or an organization has indicated that the individual was monitored, but the monitoring records could not be obtained for this monitoring period. The individual would not be available for a PSE. For monitoring periods during the current year where records are not available, reduce the individual's allowable dose by 1.25 rems for each quarter for which records were unavailable as required by OAC 3701:1-38-12(E)(5)(a).
10. Click/Check either "**Routine**" or "**PSE**".
 - Choose "**Routine**" if the data represent the results of monitoring for routine exposures.
 - Choose "**PSE**" if the listed dose data represents the results of monitoring of planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee should report the total sum of all PSEs.
- 11a. **EDEX** – Enter the EDEX for the entire monitoring period (e.g. year). EDEX is the sum of the EDEX component determined using ODH-approved special dosimetry methods and the EDEX component estimated by the DDE for those time periods when not using ODH-approved special dosimetry methods.

Note: IF EDEX has been determined by measuring the DDE (at the highest exposed part of the body – see OAC 3701:1-38-12(A)(4)(a)- for the entire monitoring period, then box 11a and 11b will have the same value.
- 11b. **DDE** – Enter the DDE measured at the highest point on the whole body of the entire monitoring period (e.g. year – including those time periods when EDEX was being determined using ODH-approved special dosimetry methods)
12. Enter the eye dose equivalent (LDE) recorded for the lens of the eye.
13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE, WB).
14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE, WB)
15. Enter the committed effective dose equivalent (CEDE).
16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ.
17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11a and 15.
18. Enter the total organ dose equivalent (TODE). The TODE is the sum of items 11b and 16.
19. Signature of the monitored individual. The signature of the monitored individual on this form indicates that the information on this form is complete and correct to the best of his or her knowledge.
20. Enter the date (mm/dd/yy) that this form was signed by the monitored individual.
21. **[Optional]** Enter the name of the facility not licensed by ODH, the NRC, or other Agreement State providing monitoring for exposure to radiation (such as a DOE facility) or the employer if the individual is not employed by the licensee or registrant and the employer chooses to maintain exposure records for its employees.
22. **[Optional]** Signature of the person designated to represent the company or facility entered in item 21. The person who chooses to countersign the form should have on file documentation of all the information on ODH Form 5101 (NRC Form 4 equivalent) being signed.
23. **[Optional]** Enter the date (mm/dd/yy) this form was signed by the designated representative.