

EQUIVALENT FORM 4 - ANNUAL

CUMULATIVE OCCUPATIONAL DOSE HISTORY This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 4 and other equivalent forms. Dose is in rem.						PREPARED BY LANDAUER® Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016		
ACCOUNT NUMBER 709008	SUBACCOUNT 1431640	SERIES CODE CST	PARTICIPANT NUMBER 01078	DATE PREPARED (MM/DD/YYYY) 06/03/2014 A				
1. NAME (LAST, FIRST, MIDDLE INITIAL) Aldrin, Lily		2. IDENTIFICATION NUMBER 777-88-9999		3. ID TYPE OTH		4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/24/1974	
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2005 - 12/31/2013		7. LICENSEE NAME DEMO 2		8. LICENSE NUMBER(S)		9. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11. DDE 0.444	12. LDE 0.444	13. SDE, WB 0.444	14. SDE, ME	15. CEDE	16. CDE	17. TEDE 0.444	18. TODD 0.444	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2003 - 08/31/2005		7. LICENSEE NAME		8. LICENSE NUMBER(S)		9. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11. DDE 0.530	12. LDE 0.525	13. SDE, WB 0.575	14. SDE, ME	15. CEDE	16. CDE	17. TEDE 0.530	18. TODD 0.530	
6. MONITORING PERIOD (MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER(S)		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD	
6. MONITORING PERIOD (MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER(S)		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD	
6. MONITORING PERIOD (MM/DD/YYYY)		7. LICENSEE NAME		8. LICENSE NUMBER(S)		9. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> NO RECORD	10. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
11. DDE	12. LDE	13. SDE, WB	14. SDE, ME	15. CEDE	16. CDE	17. TEDE	18. TODD	
19. SIGNATURE OF MONITORED INDIVIDUAL		20. DATE SIGNED		21. CERTIFYING ORGANIZATION		22. SIGNATURE OF DESIGNEE		23. DATE SIGNED
PERMANENT DDE 0.974 B	PERMANENT LDE 0.969 C	PERMANENT SDE, WB 1.019 D	PERMANENT SDE, ME E	PERMANENT CEDE F	PERMANENT CDE G	PERMANENT TEDE 0.974 H	PERMANENT TODD 0.974 I	

J INCEPTION DATE: 09/01/2005 709008

Equivalent Form 4 - Annual

LEGEND

Box 1: Name of the participant.

Box 2: Participant Identification Number.

Box 6: The time period monitored.

Box 9: Indicates the exposure was an estimate, measured or not recorded.

Box 10: Indicates if the exposure during the year was “Routine” or “Planned Special Exposure.”

Boxes 11-18: The doses received during the Monitoring Period listed in Box 6.

A: The date this report was generated.

B-I: Total permanent doses based on doses listed for each of the monitoring period.

J: The date the participant started being monitored by Landauer.

*Boxes 6-18 repeat for each place of employment.

GENERAL FACTS

- **Purpose:** The Equivalent Form 4 - Annual details cumulative dose history and it is the best format for providing detailed dose history representative of previous places of employment. The report also lists the permanent dose for the participant.
- This report is generated to assist with your State and Federal regulatory requirements.
- The report does not include data across all Landauer accounts unless doses are entered as Previous History.
- This report can also be generated as a Equivalent Form 4 - Termination.
- The report can be generated annually (after the close of the calendar year).
- The report is generated and mailed to the primary reporting address at the subaccount level.

FREQUENTLY ASKED QUESTIONS

What do I do with this report?

The Equivalent Form 4 - Annual contains all information required by NRC Form 4 and fulfills the requirement found in 10CFR 20.2206. If you are in an Agreement State, please consult your State Regulations for specific requirements.

Why do the doses on the Equivalent Form 4 - Annual seem lower than the doses on my Radiation Dosimetry Reports?

Dose Equivalent on an Equivalent Form 4 - Annual is shown in rem while Dose Equivalent on a Radiation Dosimetry Report is shown in millirem (mrem). To convert rem to mrem, multiply by 1,000.

For some of my doses, I only see “ND.” What does “ND” mean?

“ND” stands for non-detectable. Non-detectable exposures are below the reporting capabilities. If you see an “ND” in any box, it is likely the participant had minimal exposure (designated by an “M” on other Landauer reports) throughout the year.