

**OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Program Management Group, Records Management Team, HR-424 - GTN, Paperwork Reduction Project (1910-0300), U.S. Department of Energy, 1000 Independence Ave., S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910--0300), Washington, DC 20503.

**U.S. DEPARTMENT OF ENERGY  
INDIVIDUAL OCCUPATIONAL EXPOSURE REPORT**

1. Name (Last, First, Middle Initial)	
2. Identification Number	3. Date of Birth
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Monitoring Period
7. Monitoring Status <input type="checkbox"/> General Employee <input type="checkbox"/> Terminated Employee <input type="checkbox"/> Embryo/Fetus <input type="checkbox"/> Member of the Public <input type="checkbox"/> Minor <input type="checkbox"/> Other	

6. Site or Facility Name

8. Report Type <input type="checkbox"/> Requested <input type="checkbox"/> Annual <input type="checkbox"/> Termination	9. Dose Data <input type="checkbox"/> Recorded <input type="checkbox"/> Estimated	10. Monitoring Type <input type="checkbox"/> Routine <input type="checkbox"/> PSE <input type="checkbox"/> Emergency
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11. Comments

**RADIOLOGICAL DOSE (in mrem)**

Internal: 12. Committed Effective Dose Equivalent \_\_\_\_\_  
Intake

13a. Radionuclide	13b. Quantity (microcurie)

Ogran or Tissue Committed Dose Equivalent (CDE)

14a. Organ/Tissue	14b. CDE

External:

15. Effective Dose Equivalent \_\_\_\_\_

16. Lens of the Eye Dose Equivalent \_\_\_\_\_

17. Shallow Dose Equivalent to the Skin \_\_\_\_\_

18. Shallow Dose Equivalent to Max Extremity \_\_\_\_\_

Summation of Internal and External Doses:

19. Total Effective Dose Equivalent \_\_\_\_\_

Ogran or Tissue Committed Dose Equivalent (CDE)

20a. Organ/Tissue	20b. TODC

21. Cumulative Total Effective Dose Equivalent \_\_\_\_\_

Declared Pregnant Worker:

22. Embryo/Fetus Dose Equivalent \_\_\_\_\_

23. Signature

24. Date Prepared

### Privacy Act Statement

This form is to be used for providing radiation exposure monitoring results to an individual who visited or performed work at a DOE or DOE contractor site or facility, and its use is subject to the provisions of the Privacy Act of 1974, 5 U.S.C. 552a. The authority to collect the information provided is derived from 5 U.S.C. 301; this authority incorporated by reference in Title III of the Department of Energy Organization Act at 42 U.S.C. 7151, including 42 U.S.C. 2201 and 42 U.S.C. 5813 and 5817. This information may be disclosed to the U.S. Navy, Nuclear Regulatory Commission, DOE contractors and consultants, and other organizations for the purpose of monitoring radiation exposure; to the Department of Health and Human Services or its components to facilitate health hazard evaluations or epidemiological studies; to certain individuals in the performance of health studies or related activities; or to certain advisory committees providing advice to DOE regarding health, safety and environmental issues pursuant to a routine use authorized by the system of records DOE-35, "Personnel Radiation Exposure Records."

#### Instructions and Additional Information Pertinent to the Completion of DOE F 5480.7 (All doses should be stated in mrem)

<p>1. Type or print the full name of the monitored individual in the order of the last name (include "Jr.", "Sr.", "III", etc.), first name, and middle initial (if applicable).</p> <p>2. Enter the individual's social security number. If the individual has no social security number, enter the individual's employee number.</p> <p>3. Enter the date of birth of the individual being monitored in the format MM/DD/YY.</p> <p>4. Check the box that denotes the sex of the individual being monitored.</p> <p>5. Enter the monitoring period for which this report is filed in the format MM/DD/YY - MM/DD/YY. If the dose report is for the embryo/fetus, enter the estimated date of conception and the end of the monitoring period.</p> <p>6. Enter the site or facility name.</p> <p>7. Place an "X" in the appropriate box for the employment status of the individual. Choose "General Employee" if the individual meets the requirements of a general employee or is visiting a site for the purpose of performing scientific research. Choose "Member of the Public" if the individual is visiting the site or facility and is monitored. Choose "Terminated Employee" if the individual is no longer an employee and was monitored during this period. Choose "Minor" if the individual visiting the site is less than 18 years of age and is monitored. Choose "Embryo/Fetus" if reporting the dose for an embryo/fetus. Choose "Other" if the individual is a DOE Headquarters employee, DNPSB employee, or related contractor.</p> <p>8. Place an "X" in the appropriate box for the type of report being filed. Choose "Requested" if the individual requested the information. Choose "Annual" if the report being filed is the annual radiation dose summary. Choose "Termination" if the report being filed is a termination report.</p>	<p>9. Place an "X" in the appropriate box for the dose data being filed. Choose "Record" if the dose data listed represents a final determination of the dose received to the best of the site'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.</p> <p>10. Place an "X" in the appropriate box for the type of monitoring. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represent 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 contractor should sum them and report the total of all PSEs. Choose "Emergency" if the dose data represent results of monitoring for exposures received during an emergency.</p> <p>11. In the space provided for comments, enter any additional information that might be needed to determine compliance with limits.</p> <p>12. Enter the committed effective dose equivalent (CEDE) or "MNR" for "Monitoring Not Required" or "NC" for "Not Calculated."</p> <p>13a. Enter the symbol for each radionuclide that resulted in an internal exposure for the individual, using the format Xx-###.</p> <p>13b. Enter the intake quantity for each radionuclide in microcurie.</p> <p>14a. Enter each organ or tissue that received a dose resulting from intakes of radioactive material.</p> <p>14b. Enter the committed dose equivalent (CDE) for each organ or tissue.</p>	<p>15. Enter the effective dose equivalent for the whole body; deep dose equivalent may be used.</p> <p>16. Enter the lense of the eye dose equivalent.</p> <p>17. Enter the shallow dose equivalent to the skin.</p> <p>18. Enter the shallow dose equivalent for the skin of the extremity receiving the maximum dose. This dose equivalent must be greater than or equal to the effective dose equivalent for the whole body.</p> <p>19. Enter the total effective dose equivalent (TEDE) for the individual. The TEDE is the sum of the committed effective dose equivalent (12) and the effective dose equivalent (15).</p> <p>20a. Enter each organ or tissue that received a dose caused from intakes of radioactive material.</p> <p>20b. Enter the total organ dose equivalent (TODE) for each organ or tissue. The TODE is the sum of the committed dose equivalent to the organ (14b) and the deep dose equivalent (15).</p> <p>21. Enter the cumulative total effective dose equivalent (CTEDE) for this individual.</p> <p>22. Enter the dose equivalent to the embryo/fetus for a declared pregnant worker.</p> <p>23. Signature of the person designated to represent the Department or DOE contractor.</p> <p>24. Enter the date this form was prepared.</p>
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