



4465 DELAWARE RADIATION CONTROL REGULATIONS
CUMULATIVE OCCUPATIONAL DOSE HISTORY
PART J – APPENDIX A - AGENCY FORM Y

1. <u>NAME (LAST, FIRST, MIDDLE INITIAL)</u>		2. <u>IDENTIFICATION NUMBER</u>		3. <u>ID TYPE</u>		4. <u>SEX</u> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		5. <u>DATE OF BIRTH (MM/DD/YY)</u>	
6. <u>MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY)</u>		7. <u>LICENSEE NAME</u>		8. <u>LICENSE NUMBER</u>		9. <u>RECORD</u> <input type="checkbox"/> <u>ESTIMATE</u> <input type="checkbox"/> <u>NO RECORD</u> <input type="checkbox"/>		10. <u>ROUTINE</u> <input type="checkbox"/> <u>PSE</u> <input type="checkbox"/>	
11. <u>DDE</u>	12. <u>LDE</u>	13. <u>SDE,WB</u>	14. <u>SDE,ME</u>	15. <u>CEDE</u>	16. <u>CDE</u>	17. <u>TEDE</u>		18. <u>TODE</u>	
6. <u>MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY)</u>		7. <u>LICENSEE NAME</u>		8. <u>LICENSE NUMBER</u>		9. <u>RECORD</u> <input type="checkbox"/> <u>ESTIMATE</u> <input type="checkbox"/> <u>NO RECORD</u> <input type="checkbox"/>		10. <u>ROUTINE</u> <input type="checkbox"/> <u>PSE</u> <input type="checkbox"/>	
11. <u>DDE</u>	12. <u>LDE</u>	13. <u>SDE,WB</u>	14. <u>SDE,ME</u>	15. <u>CEDE</u>	16. <u>CDE</u>	17. <u>TEDE</u>		18. <u>TODE</u>	
6. <u>MONITORING PERIOD (MM/DD/YYYY – MM/DD/YYYY)</u>		7. <u>LICENSEE NAME</u>		8. <u>LICENSE NUMBER</u>		9. <u>RECORD</u> <input type="checkbox"/> <u>ESTIMATE</u> <input type="checkbox"/> <u>NO RECORD</u> <input type="checkbox"/>		10. <u>ROUTINE</u> <input type="checkbox"/> <u>PSE</u> <input type="checkbox"/>	
11. <u>DDE</u>	12. <u>LDE</u>	13. <u>SDE,WB</u>	14. <u>SDE,ME</u>	15. <u>CEDE</u>	16. <u>CDE</u>	17. <u>TEDE</u>		18. <u>TODE</u>	
19. <u>SIGNATURE OF MONITORED INDIVIDUAL</u>			20. <u>DATE SIGNED (MM/DD/YYYY)</u>			21. <u>CERTIFYING ORGANIZATION</u>			
22. <u>SIGNATURE OF DESIGNEE</u>			23. <u>DATE SIGNED (MM/DD/YYYY)</u>						