

Texas Department of State Health Services/Radiation Control OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD		RC Form 233-1	
1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
6. MONITORING PERIOD		7. LICENSEE OR REGISTRANT NAME	
8. LICENSE OR REGISTRATION NUMBER(S)		9A. <input type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
9B. <input type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		5. DATE OF BIRTH	
INTAKES			
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci
DOSES (in rem)			
11. DEEP DOSE EQUIVALENT (DDE)			
12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)			
13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)			
14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)			
15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)			
16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)			
17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11+15)/(TEDE)			
18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11+16)/(ODE)			
19. COMMENTS			
20. SIGNATURE -- LICENSEE OR REGISTRANT			21. DATE PREPARED