

Personnel Monitoring Determination Worksheet

Facility _____ Registration # _____

Tube Mfgr. _____ **Tube** _____ **of** _____

Tube s/n _____ Room Number _____ Control Number _____

Max. kVp: _____ mA: _____ Max. time used: _____ Workload: _____ exp./wk

Position Location:

1. _____

2. _____

3. _____

Exposure Factors: Pos. 1 _____ mR Pos. 2 _____ mR Pos. 3 _____ mR

Sum of workload factors for each position:

Position 1: _____ mR/week _____ mR/year

Position 2: _____ mR/week _____ mR/year

Position 3: _____ mR/week _____ mR/year

Tube Mfgr. _____ **Tube** _____ **of** _____

Tube s/n _____ Room Number _____ Control Number _____

Max. kVp: _____ mA: _____ Max. time used: _____ Workload: _____ exp./wk

Position Location:

1. _____

2. _____

3. _____

Exposure Factors: Pos. 1 _____ mR Pos. 2 _____ mR Pos. 3 _____ mR

Sum of workload factors for each position:

Position 1: _____ mR/week _____ mR/year

Position 2: _____ mR/week _____ mR/year

Position 3: _____ mR/week _____ mR/year

Total of the maximum exposures from each tube: _____ mR/year

If the exposure is less than 500 mR/year, personnel monitoring is not required for occupationally exposed personnel.

Physicist _____ Evaluation Date _____

This determination should be maintained for future information. Please note that any change in your program could cause this determination to be invalid, which will require that another determination be made or personnel monitoring be provided.