RPR 46A. EXTERNAL EXPOSURE (ALARA) INVESTIGATION REPORT

UID: ____________________________ ALARA REVIEW #: _______________________
LAST NAME: ______________________ FIRST NAME: __________________________
PI NAME: ______________________ DEPARTMENT: ____________________________
PARTICIPANT ID: __________________ OFFICE PHONE: ________________________
PERIOD BEGIN DATE: __________________ USE TYPE: ________________________

<table>
<thead>
<tr>
<th>SERIES</th>
<th>DDE (Whole Body)</th>
<th>LDE (Eye)</th>
<th>SDE (Extremity)</th>
<th>Dosimeter Type</th>
</tr>
</thead>
</table>

EFFECTIVE DOSE (If Lead Shielded Apron Was Worn = 0.04 Collar Exposure + 1.5 Waist Exposure): ______

RECEIVED BY: ____________________________ RECEIVED DATE: ____________________

Results of Investigation:

INTERVIEWED BY: ____________________________ INTERVIEWED DATE: ____________________

Recommendations to Prevent Recurrence:

Regulatory Notification Requirements. (If “YES” is selected, notification is required.)

<table>
<thead>
<tr>
<th>DOSE</th>
<th>NO</th>
<th>YES</th>
<th>NOTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN ONE EVENT GREATER THAN 5 X ANNUAL LIMIT?</td>
<td>□</td>
<td>□</td>
<td>IMMEDIATE</td>
</tr>
<tr>
<td>IN ONE EVENT GREATER THAN ANNUAL LIMIT?</td>
<td>□</td>
<td>□</td>
<td>WITHIN 24 HOURS</td>
</tr>
<tr>
<td>CUMULATIVE IN EXCESS OF ANNUAL LIMIT?</td>
<td>□</td>
<td>□</td>
<td>WITHIN 30 DAYS</td>
</tr>
</tbody>
</table>

HP SIGNATURE: ____________________________ DATE: ____________________________
EXTERNAL EXPOSURE INVESTIGATION QUESTIONNAIRE

For all investigations of high dosimeter readings:

1. Where did you work during the exposure period? Hospital, clinic, building, room, hood/bench, etc., or any other information which would help to determine the source of exposure, and whether it is valid.

2. What type and number of procedures did you perform during the monitoring period? How much time was spent on these procedures? (The details of the procedures are not as important as a reliable estimate of your potential exposure.)

3. Where on your person is your badge worn, i.e. collar, apron, sleeve, right hand, left hand and which finger?

4. Where is your dosimeter kept when not being worn? Was it ever taken out of the lab area by you or anyone else? Could anyone else have used it or exposed it to a radiation source?

5. What type of personal protective apparel did you wear, i.e. lab coat, lead apron, thyroid collar, goggles, gloves?

For radioisotope users:

6. Did you use shielding? (When and where it was necessary.) Was it the proper type of shielding for the nuclide being used? Could the exposure have been caused by another individual, e.g. someone working near you, a sample placed near you or in a drawer?

For cardiologists:

7. Was the mobile ceiling shield used during all procedures? If not, how often and for how long did you need to bypass the mobile shield in order to perform a procedure?

8. Do you use the X-ray equipment in such a way that the angle of the primary beam is not perpendicular to the patient? If so, how do you ensure that your distance from the primary beam is maintained?

9. Is it possible that you could have leaned over the patient and exposed the badge to the primary beam? If so, how many times could this have happened? Estimate the amount of time the badge could have been exposed to the primary beam.