



MIRION
TECHNOLOGIES

Reports Overview



dosimetry services

A Mirion Technologies Division

Featuring:

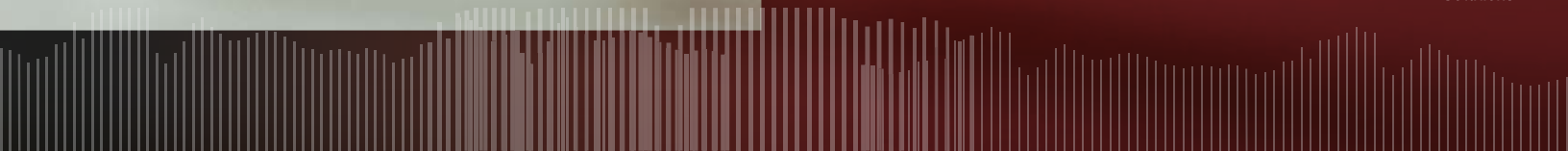
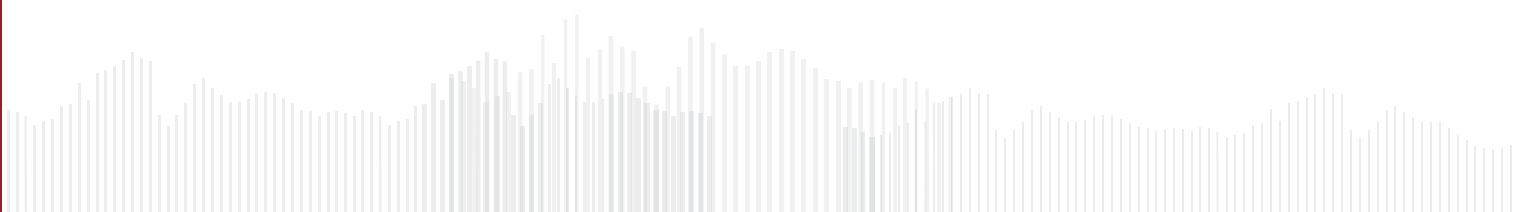


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OVERVIEW

This Reports Overview booklet provides descriptions and samples of the reports that are available through your service with Mirion Technologies Dosimetry Services Division.

Mirion Technologies Dosimetry Services Division, featuring the Global Dosimetry Solutions brand provides time efficient monitoring programs tailored to your requirements. Analysis and processing of dosimetry data is based on state-of-the-art dose assessment algorithms, precision processing standards and equipment. Each report is reviewed to ensure complete integrity of the results. Whether you require weekly, monthly or quarterly reports, rest assured that each report will provide complete and accurate information regarding radiation amounts, and individual exposure levels for each badge.

With us, you can always document the radiological safety of your office or operational environment. Every report provides the information needed to meet government regulations. All processing and services are performed at the Dosimetry Services Division headquarters located in Irvine, California. Badge data is stored in archival retention vaults and can be re-evaluated if necessary.

When you select Mirion Technologies Dosimetry Services for your dosimetry program you will be working with a company that has been creating custom solutions to meet the needs of its customers for the past 35 years.

REPORT DESCRIPTIONS

OCCUPATIONAL RADIATION EXPOSURE

The Occupational Radiation Report is the standard report for dose reporting. This report lists all personnel in a company or institution by location for which badges have been returned for processing. The report includes the monitoring period, the dose equivalent for the current monitoring period, quarter to date, year to date and lifetime to date dose for each returned badge.

- Total organ dose equivalent for a specific monitoring period
- Specific internal dose to organs (if provided by the facility)

This report by default is for the current year to date, but is also available each quarter with year to date information.

ALARA EXPOSURE

The ALARA Exposure report is used by Radiation Safety Officers (RSO) or account authorized representatives to evaluate the dose segregation for monitored individuals who exceed default Level I or Level II quarter to date or year to date dose thresholds, or facility specified threshold values. The report also provides the percentage of the regulatory limit the quarter to date or year to date dose values represent. This report only includes individuals who exceed the threshold dose values.

STATISTICAL SUMMARY

The Statistical Summary Report provides a breakdown by dose levels (deep dose reported in Rem) the number of dosimeter reported doses within each level. The report can be prepared to reflect a single location or all locations. If a person wears two dosimeters, each dosimeter's cumulative dose will be categorized into one of the dose levels. Therefore, this report does not provide the number of individuals in each level, rather the number of dosimeters reported.

ALARA LETTER

The ALARA letter details the same information as the ALARA Exposure Report but in a printed letter format. The RSO can provide this letter to the wearer.

TOTAL DOSE

The Total Dose Report is a report that provides the total dose received by an individual during a time specific period from all accounts or locations monitored for the individual. The report may also provide lifetime data if that information is provided to the current service provider. Due to State and Federal Privacy Act requirements, the facility's authorized representative and the individual monitored are required to sign a waiver form in order for the individual's dose history to be included in the Total Dose Report.

HISTORY DETAIL

The History Detail Report illustrates the dose history detail by wearer, badge type, wear date, and process number. The report is generally generated as a spreadsheet and can be used to quickly review the detailed processing history of an individual.

DOSE MANAGEMENT

The Dose Management Report consists of three separate reports:

ANNUAL INDIVIDUAL SUMMARY FORM 5

The Annual Form 5 Report is for a specific individual and provides the following:

- Deep dose equivalent
- Shallow dose equivalent whole body
- Eye dose equivalent to the lens of the eye
- Shallow dose equivalent maximum extremity
- Total effective dose equivalent

1. The Individual Summary Report- provides information on the number of dosimeters returned for processing for each wearer by dose type. Results are summarized per wear period.

REPORT DESCRIPTIONS cont.

2. The Location Summary- provides the same information as the individual report, but includes data on the average dose per dosimeter reported by type for each specific wear period.

3. The Account or Facility Summary Report- provides information on the number of dosimeters returned for processing for each wearer and reported for each dose type. Results cover per month, quarter and year, for the entire account, average dose per dosimeter reported, and various dose type reported for each specific wear period.

PRELIMINARY RADIATION EXPOSURE

For emergency situations, the Preliminary Radiation Exposure report can be provided for informational purposes only to a client prior to receiving the official Occupation Radiation Exposure Report.

DOSE ADJUSTMENT CONFIRMATION

The Dose Adjustment Confirmation Report includes documentation verifying a change in dose history since the last Occupational Radiation Exposure Report was provided to the facility. Upon receipt of a written request by the Radiation Safety Officer or account authorized representative; an adjustment to the dose history is noted to reflect the requested change. A confirmation report letter is generated indicating the reason for the dose adjustment, i.e., a dose has been estimated, lifetime history added, dose transfer or change of dose for a specific wear period for an individual.

DOSE ESTIMATE

The dose estimate program can automatically assign a dose to a monitored individual in the event the routine personal monitoring dosimeter is not returned for processing. The dose estimate program will provide a Dose Estimate report for a dose for the current year only. The estimate is based on the average of the 3 most recent doses reported. The program will not go back to prior years.

ANNUAL ACCOUNT SUMMARY

This report summarizes results for each individual in an account who had at least one badge returned for processing during the year. Results cover the year to date deep, eye, and shallow doses for each person, as well as the lifetime deep dose to date. Additional information about the wearer includes:

- Social security number or birth date
- Sex
- Badge type used
- Body region covered
- Type of service
- First and last day of the previously reported monitoring period

UNRETURNED BADGE

The Unreturned Badge report provides a detailed listing of those badges not returned and not scanned back into the system. This report is useful for clients to determine which badges have not been returned at the end of a wear period. The report can be accessed by an on-line registered user for quick review and printing.

ENVIRONMENTAL MONITORING

This report provides a complete listing of locations and reported exposures. A control value is usually not subtracted. The Environmental Report can be customized to meet the reporting needs of the facility, including exposure per standard month or quarter. This information can be useful when comparing data from other agencies or across several years.

ALARA Exposure Report

Accredited by the
National Institute of Standards and Technology
through **NVLAP** for the specific scope of
accreditation under lab code 100555-0*

ACCOUNT NO: 012345

LOCATION: 00000DPT

REFERENCE NO: 01234

REPORT DATE: 11/13/2006

PAGE: 1 OF 1

LICENSE NO:

SHIP TO:
Global Dosimetry Solutions

REPORT TO:
Global Dosimetry Solutions

PURCHASE ORDER NO:

WEARER NUMBER	SLOT NUMBER	NAME (LAST OR OTHER IDENTIFICATION)	PI	MI	ID TYPE	SSN / ID	BIRTH DATE	SEX	BADGE TYPE	BODY REGION	BODY PART	SERVICE	WEAR DATE	DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW						LEFT EAR						
														QUARTER TO DATE		HALF YEAR TO DATE		YEAR TO DATE		DEEP	SHALL	% RECD. LIMIT	NO. RPTS	EDG	DEEP	
														% RECD. LIMIT	DEEP	SHALL	% RECD. LIMIT	EDG	DEEP							
1		SMITH				000000000	01/01/1960	M	01	WB	M	08/05/2006	100.000000	100.000000	100.000000	9	1	891427	28	895580	10	971614	3	999999	992389	
2		JONES				000000000	01/01/1981	M	01	WB	M	08/05/2006	100.000000	100.000000	100.000000	9	1	899999	11	899999	11	899999	4	899999	991800	
3		ANDERSON				000000000	01/01/1982	M	01	WB	M	08/05/2006	100.000000	100.000000	100.000000	9	1	899999	17	899999	17	899999	6	899999	991326	
4		SMYTHE				000000000	01/01/1983	M	01	WB	M	08/05/2006	100.000000	100.000000	100.000000	9	2	1814	32	1813	12	1884	3	0	3557	
5		BLACK				000000000	01/01/1984	M	01	WB	M	08/05/2006	100.000000	100.000000	100.000000	9	2	3122	62	3419	22	3492	5	0	5307	
6		WHITE				000000000	01/01/1985	M	01	WB	M	08/05/2006	100.000000	100.000000	100.000000	9	1	498	9	563	3	586	1	0	546	
1	2																									

Global Dosimetry Solutions

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER
IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

U.S./Canada: (800) 251-3331
<http://www.dosimetry.com> e-mail: info@dosimetry.com
Worldwide: (949) 419-1000

REPORTS APPROVED PFM/TPM REP-4038_0_US 12/05/2006



**Global Dosimetry
Solutions**

		NOV 13, 2006
TO:	DOE, JOHN	Customer #
FROM:	Radiation Safety Officer	Location #
SUBJECT:	Personnel Monitoring ALARA Report	Report No. 0

The purpose of the ALARA Radiation Program is to maintain radiation exposures to the employees "AS LOW AS REASONABLY ACHIEVABLE"(ALARA). The radiation safety program at GLOBAL DOSIMETRY SOL strives to achieve this concept by maintaining radiation levels well below the allowable limits set by the Nuclear Regulatory Commission under 10 CFR 20, the appropriate state limits and other regulatory agencies.

The following table lists our facility's Level 1 & 2 investigational levels & displays exposure exceeding any specific limit for Qtr 3 (noted with *).

Investigation Levels (mrem) Exposure Type	For Quarter 3		Cummulative for Year 2006	
	Level 1	Actual	Level 1	Actual
Whole Body Deep (DDE)	125	713 *	500	1427 *
Effective Dose Equivint(EDE)				
Lens of Eye (LDE)	375	760 *	1500	1580 *
Whole Body Shallow (SDE-WB)	1250	758	5000	1614
Whole Body Extremity (SDE-ME)	1250		5000	

Exposure Type	Level 2	Actual	Level 2	Actual
Whole Body Deep (DDE)	375	713 *	1500	1427
Effective Dose Equivint(EDE)				
Lens of Eye (LDE)	1125	760	4500	1580
Whole Body Shallow (SDE-WB)	3750	758	15000	1614
Whole Body Extremity (SDE-ME)	3750		15000	

Allowable Limits	Nuclear Regulatory Commission	States (as appropriate)
Whole Body Deep (DDE)	5000 mrem/year	1250 mrem/quarter
Lens of Eye (LDE)	15000 mrem/year	1250 mrem/quarter
Shallow-Whole Body (SDE-WB)	50000 mrem/year	7500 mrem/quarter
Shallow-Extremity (SDE-ME)	50000 mrem/year	18750 mrem/quarter

* = Exceeded

REP4111_0



MAY 31, 2006 17:22:56

History Detail for Acct # 84244

Page # 1

Locn #	Wearer #	Badge Typ	Wear Date	Process#	Deep	Eye	Shell
00000RAD	1	01WB	12/01/2004	153068	10160	10160	10160

GDS FORM 5: OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Accredited by the National Institute of Standards and Technology through **NMAP** for the specific scope of accreditation under lab code 100555-0*

A. ACCOUNT NUMBER 84244		C. FACILITY GLOBAL DOSIMETRY SOLUTIONS INC			D. BADGE NO. 1	
B. LOCATION NUMBER 00000RAD		ADDRESS				
1. NAME(LAST, FIRST, MIDDLE INITIAL) DOE, JOHN A		2. IDENTIFICATION NUMBER 123456789		3. ID TYPE SSN	4. SEX M	5. DATE OF BIRTH 01/01/1900
6. MONITORING PERIOD FIRST DAY 10/01/2001 LAST DAY 12/31/2004		7. LICENSEE NAME GLOBAL DOSIMETRY SOLU			8. LICENSEE NO(S)	9A. RECORD/ ESTIMATE RECORD
					9B. ROUTINE/ PSE ROUTINE	
INTAKES						
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN µCi	DOSES(in rem)		
				11. DEEP DOSE EQUIVALENT (DDE)	11.	10.160
				12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12.	10.160
				13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.	10.160
				14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE)	17.	10.160
				18. TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (BLOCKS 11 + 16) (TODE)	18.	10.160
19. COMMENTS						
ND=NON-DETECTABLE, BELOW MINIMAL REPORTABLE DOSE						
20. SIGNATURE						21. DATE PREPARED JUN 9, 2006

This form contains the information required by NRC Form 5 (1) Data shown in columns 10A - 10D has been provided by the licensee.

Global Dosimetry Solutions, Inc.

(949)419-1000
http://www.dosimetry.com e-mail: info@dosimetry.com

REPORTS APPROVED FPM/TPM FORM 4153 07/28/2004

INSTRUCTIONS AND ADDITIONAL INFORMATION PERTINENT TO THE COMPLETION OF GDS FORM 5
(All doses should be stated in rems)

- A. Account Number: Unique tracking number permanently assigned to a facility.
- B. Location Number: Specific location within a facility's account.
- C. Facility: Name and address for which account number is assigned.
- D. Badge Number: Unique individual number assign within an account to a specific person or other designation.
- 1. Type or print the full name of the monitored individual in the order of last name (include "Jr", "Sr", "III", etc.) last name, middle initial (if applicable).
- 2. Enter the individual's identification number, including punctuation. This number should be the 9-digit social security number if at all possible. If the individual has no social security number, enter the number from another official identification as a passport or work permit.
- 3. Enter the code for the type of identification used as shown below.

CODE	ID TYPE
SSN	U.S. Social Security Number
PSN	Passport Number
CSN	Canadian Social Insurance Number
WPN	Work Permit Number
IND	INDEX Identification Number
OTH	Other
- 4. Enter the sex of the individual being monitored.
- 5. Enter the date of birth of the individual being monitored in the format MMDDYYYY.
- 6. Enter the monitoring period for which this report is filed. The format should be first day MMDDYYYY - last day MMDDYYYY.
- 7. Enter the name of the licensee.
- 8. Enter the NRC license number or numbers.
- 9A. Enter either Record or Estimate. Choose "Record" if the dose data listed represent a final determination of the dose received to the best of the licensee's knowledge. Choose "Estimate" only if the listed dose data are preliminary and will be superseded by an act. An example of such an instance would be dose data based on self-reading dosimeter results and the licensee intends to assign the record dose on the basis of TLD results that are not yet available.
- 9B. Enter either Routine or PSE. Choose "Routine" if the data represent the results of monitoring for routine exposures. Choose "PSE" if the listed dose data represents the results of monitoring of

- 10A. Planned special exposures received during the monitoring period. If more than one PSE was received in a single year, the licensee should sum them and report the total of all PSEs. Enter the symbol for each radionuclide that resulted in an internal exposure recorded for the individual, using the format "Xc-###", for instance, Cs-137 or Tc-99m. (Licensee to provide data)
- 10B. Enter the lung clearance class as listed in Appendix B to 10 CFR Part 20.1001-2407(D,W,Y,V or O for other) for all intakes by inhalation. (Licensee to provide data.)
- 10C. Enter the mode of intake. For inhalation, enter "H." For absorption through the skin, enter "B." For oral ingestion, enter "G." For injection, enter "J." (Licensee to provide data.)
- 10D. Enter the intake of each radionuclide in uCi. (Licensee to provide data.)
- 11. Enter the deep dose equivalent (DDE) to the whole body.
- 12. Enter the eye dose equivalent (EDE) recorded for the lens of the eye.
- 13. Enter the shallow dose equivalent recorded for the skin of the whole body (SDE,WB).
- 14. Enter the shallow dose equivalent recorded for the skin of the extremity receiving the maximum dose (SDE,ME).
- 15. Enter the committed effective dose equivalent (CEDE) or "NRC" for "Not Calculated" or "NC" for "Not Calculated". (Licensee to provide data.)
- 16. Enter the committed dose equivalent (CDE) recorded for the maximally exposed organ or "NR" for "Not Required" or "NC" for "Not Calculated". (Licensee to provide data.)
- 17. Enter the total effective dose equivalent (TEDE). The TEDE is the sum of items 11 and 15.
- 18. Enter the total organ dose equivalent (TODE) for the maximally exposed organ. The TODE is the sum of items 11 and 16.
- 19. COMMENTS. In the space provided, enter additional information that might be pertinent to determine compliance with 10 CFR Part 20.1001-2407. Do not include the SDE,ME with the result of organ dose from a skin or extremity. Another possibility would be to indicate that an overexposed report has been sent to NRC in reference to the exposure report. (Licensee to provide information.)
- 20. Signature of the person designated to represent the licensee.
- 21. Enter the date this form was prepared MMDDYYYY.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 5 or its equivalent. This information is maintained in a system of records designated as NRC-27 and described as 55 Federal Register 33984 (August 20, 1990), or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Replication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, Lower Level, 2120 L Street NW, Washington, D.C.

1. **AUTHORITY:** Sections 53, 63, 65, 81, 103, 104, 161(b), and 161(e) of the Atomic Energy Act of 1954, and 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2111, 2133, 2134, 2201(b), and 2201(c). The authority for selecting the social security number is 10 CFR Part 20.
2. **PRINCIPAL PURPOSE(S):** The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long-term exposure experience among types of licensees and among licensees within each type. Data pertinent to your exposure to radiation is available to you upon request.
3. **ROUTINE USE(S):** The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals employed as radiation workers on a permanent or temporary basis and exposed to monitored visitors. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law, and in the course of an administrative or judicial proceeding.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information, including social security number; however, the licensee must complete NRC Form 5 or its equivalent on each individual for whom personnel monitoring is required under 10 CFR 20.2106. Failure to do so may subject the licensee to enforcement action in accordance with 10 CFR 20.2401. The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or identities among the large number of persons on whom data is maintained.
5. **SYSTEM MANAGER(S) AND ADDRESS:**
 NRC Project Manager
 Office of Nuclear Regulatory Research
 U.S. Nuclear Regulatory Commission
 Washington, DC 20555

This form contains the information required by NRC Form 5. Data used to complete columns 10A, 10B, 10C, 10D, 15, 16, 17, 18 and 19 has been provided by the licensee or the certifying organization.

Statistical Summary Report



MAY 31, 2006

STATISTICAL SUMMARY REPORT PAGE # 1

ACCT # 84244 - LOCN # ALL REPORTING YEAR 2004

**GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT**

RANGE OF EXPOSURE IN REM *	NUMBER OF INDIVIDUALS
NO MEASURABLE EXPSR **	1
MEASURABLE EXPSR < 0.10 ***	2
00.10 - 00.25	0
00.25 - 00.50	0
00.50 - 00.75	2
00.75 - 01.00	0
01.00 - 02.00	1
02.00 - 03.00	0
03.00 - 04.00	0
04.00 - 05.00	0
05.00 - 06.00	0
06.00 - 07.00	0
07.00 - 08.00	0
08.00 - 09.00	0
09.00 - 10.00	0
10.00 - 11.00	1
11.00 - 12.00	0
12.00 +	0
TOTAL	7

* EXPOSURES REFLECT DEEP DOSE FROM INDIVIDUALS (WHOLE BODY) DOSIMETER. INDIVIDUAL VALUES EXACTLY EQUAL TO THE VALUES SEPARATING EXPOSURE RANGES SHALL BE REPORTED IN THE HIGHER RANGE.

** NO EXPOSURE IS EQUIVALENT TO LESS THAN THE MINIMUM REPORTABLE DOSE (MRD)

*** MEASURABLE EXPOSURE < 00.10 REM IS REALLY THE RANGE 00.01 - 00.10 REM

REP4108_0

Total Dose Report



JUN 9, 2006 15:25:03
PAGE # 1

TOTAL DOSE SYSTEM

ATTN TRACY TIEU
2652 MCGAW AVENUE
IRVINE CA92614

PLEASE NOTE:
THIS REPORT IS PROVIDED TO ASSIST YOU IN COMPLIANCE
WITH STATE AND FEDERAL REGULATIONS ONLY. IT IS NOT
INTENDED TO BE USED FOR ANY OTHER PURPOSE.

THE INFORMATION PROVIDED MAY REFLECT EITHER CONCURRENT
AND/OR PRIOR EXPOSURES DURING THE REPORTING YEAR.

IF AN INDIVIDUAL IS MONITORED WITH A NON-QDS
DOSIMETER, THE RESULTANT EXPOSURE HISTORY MAY NOT BE
INCLUDED ON THIS REPORT

* THIS DOSE IS EQUAL TO THE DEEP DOSE REPORTED.
UNLESS, INTERNAL DOSE HAS BEEN PROVIDED.

REPORTING YEAR 2006 - CUSTOMER # 77580 LOCATION # 00000DPT

NUMBER	NAME	WEARER ID-NUMBER	TYP	ACTIVE	DEEP	READ EYE	SHALLOW EDE	IN-MAX-EXT	REM TEDE#	TODE#
1	SMITH	J 111-22-4444	SSN	YES	81	90	105	8	0	81
11	TIEU	T 111-22-4444	SSN	YES	81	90	105	8	0	81
40	SMITH	J 111-22-4444	SSN	YES	81	90	105	8	0	81
41	SMITH	J 111-22-4444	SSN	YES	81	90	105	8	0	81

***** ACCOUNT TOTALS *****

WEARERS SELECTED 54
REPORTED 4

REP4082

Dose Management Individual Summary

MAY 16, 2008 15:50:37
Doses in MILLIREMS

Global Dosimetry Solutions Dose Management Report

Account: 84244 GLOBAL DOSIMETRY SOLUTIONS INC Attention: SAMPLE ACCOUNT

Month in 2008		Month in 2008												Quarterly Dose					
Wearer Number	Location Code	Personal ID	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Dose	One	Two	Three	Four
Individual Summary																			
1	00000RAD	123-45-6789	DOE J	20	10	30	20	10	10	30	40	10	10	10	200	60	40	80	20
01WB	Deep													*					
01WB	Eye		20	10	30	20	10	10	30	40	10	10	10	*	200	60	40	80	20
01WB	Shallow		20	10	30	20	10	10	30	40	10	10	10	*	200	60	40	80	20
2	00000RAD	123-45-6789	SMITH M	50	20	30	20	10	10	10	10	30	10	10	220	100	40	30	50
19ULEFN	Extremity																		
19UREFN	Extremity		20	10	30	20	10	10	20	10	10	30	10	10	190	60	40	40	50
3	00000RAD	123-45-6789	JONES J	40	10	30	20	10	10	10	10	30	10	10	110	80	30		
19NSEFN	Extremity																		
4	00000RAD	123-45-6789	JOHNSON J	20	10	30	20	10	30	40	10	10	10	10	200	60	30	80	30
16WB	Deep																		
16WB	Eye		20	10	30	20	10	10	30	40	10	10	10	10	200	60	30	80	30
16WB	Shallow		20	10	30	20	10	10	30	40	10	10	10	10	200	60	30	80	30
16WB	Neutron		20	10	30	20	10	10	30	40	10	10	10	10	200	60	30	80	30



Global Dosimetry Solutions

U.S./Canada: (800) 251-3331 - E-mail: info@dosimetry.com - http://www.dosimetry.com

Dose Management Account Summary

MAY 16, 2006 15:50:37
Doses in MILLIREMS

Global Dosimetry Solutions Dose Management Report

Account: 84244 GLOBAL DOSIMETRY SOLUTIONS INC Attention: SAMPLE ACCOUNT

Badge Type	Dose Type	Month in 2004												YTD Total	Quarterly Total						
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		One	Two	Three	Four			
Collective Account dose																					
# Dosimeters/Reported 14ARE Shallow	Shallow/Badge												1	250	250.0	250.0	250.0	0	0	0	0
# Dosimeters/Reported 15WB Deep	Deep/Badge												1	500	500.0	500.0	500.0	0	0	0	0
# Dosimeters/Reported 15WB Eye	Eye/Badge												1	500	500.0	500.0	500.0	0	0	0	0
# Dosimeters/Reported 15WB Shallow	Shallow/Badge												1	500	500.0	500.0	500.0	0	0	0	0
# Dosimeters/Reported 15WB Neutron	Neutron/Badge												1	0	0.0	0.0	0.0	0	0	0	0
# Dosimeters/Reported 16WB Deep	Deep/Badge												1	0	0.0	0.0	0.0	0	0	0	0
# Dosimeters/Reported 16WB Eye	Eye/Badge												1	0	0.0	0.0	0.0	0	0	0	0
# Dosimeters/Reported 16WB Shallow	Shallow/Badge												1	0	0.0	0.0	0.0	0	0	0	0
# Dosimeters/Reported 16WB Neutron	Neutron/Badge												1	0	0.0	0.0	0.0	0	0	0	0
# Dosimeters/Reported 19NSEFN Extremity													1	0	0	0	0	0	0	0	0

Account Summary



Global Dosimetry
Solutions

U.S./Canada: (800) 251-3331 - E-mail: info@dosimetry.com - <http://www.dosimetry.com>

Preliminary Radiation Exposure Report

5/18/2006 Process Number 0038295

Account	Location ID	Wearer	Badge Type	Wear Date	Badge Use	Body Region	Body Part	Serial Number	Badge ID	Note Code	Dose Equivalent (mrem)		
											Deep	Eye	Shallow Neutron
84244	00000RAD		19	20041201	C			08155299	07099508				
84244	00000RAD		16	20041201	C			03262357	09274912				
84244	00000RAD		15	20041201	C			02119307	09104828				
84244	00000RAD		14	20041201	C			04900345	00732327				
84244	00000RAD	2	19	20041201	P	URE	FN	08155301	07136907			1050	
84244	00000RAD	2	19	20041201	P	ULE	FN	08155300	07045178			550	
84244	00000RAD	3	19	20041201	P	NSE	FN	08155302	07049179			*	
84244	00000RAD	4	19	20041201	P	ULE	FN	08155303	07185781			*	
84244	00000RAD	4	19	20041201	P	URE	FN	08155304	07041548			1800	
84244	00000RAD	4	16	20041201	P	WB		03262358	09005819		*	*	*
84244	00000RAD	6	14	20041201	P	ARE		04900346	00317244			250	250
84244	00000RAD	11	15	20041201	P	WB		02119308	09273430			500	500

*-Lower than minimum reportable dose
+ - Unusual Response

Dose Adjustment Confirmation



This report printed: JUN 1, 2006 14:08:19
Customer: B4244

DOSE ADJUSTMENT CONFIRMATION
KEEP FOR YOUR RECORDS

GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT

(Note: This report displays the specific dose adjusted - not Cumulative Total for Deep, Eye, Shal,low,Neutron or Ede dose)

Wearer, Badge,	Dept,	Weardate	Note	Deep	Eye	Shal	Ntrn	Ede	Trans Type	Wearer Name	Batch#
4 16WB	00000RAD			24	25	25	0		L Dose Adjsmnt	JOHNSON, JOHN	8851

Dose Estimate Report

Accredited by the
National Institute of Standards and Technology
through NIST for the specific scope of
accreditation under lab code 100655-07

ACCOUNT NO: _____ DATE: _____

REPORT TO:
GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT

LOCATION	WEARER NUMBER	NAME (LAST) OR OTHER DESIGNATION	SEX	ID TYPE	SSN / ID	BADGE TYPE	BODY REGION (PART)	CLOTHING	DOSE EQUIVALENT IN MILLIREMS FOR PERIODS INDICATED BELOW				ESTIMATED DOSE						
									MONITORING PERIOD		DOSE OF RECORD		DEEP	EYE	SHALL	DEEP	EYE	SHALL	NEUT.
				FRST DAY	LAST DAY	DEEP	EYE	SHALL	NEUT.	DEEP	EYE	SHALL	NEUT.						
12345DPT	27	SMITH	R	1		01	WB	M		01/31/06	10	10	0						
12345DPT	27	SMITH	R	1		01	WB	M		02/28/06	50	50	0						
12345DPT	27	SMITH	R	1		01	WB	M		03/31/06	30	30	0						
12345DPT	27	SMITH	R	1		01	WB	M		04/30/06				30	30	0			0
12345DPT	17	ROBERTS	M	1		16	WB	M		01/31/06	20	20	0						
12345DPT	17	ROBERTS	M	1		16	WB	M		02/28/06	60	60	0						
12345DPT	17	ROBERTS	M	1		16	WB	M		03/31/06	40	40	0						
12345DPT	17	ROBERTS	M	1		16	WB	M		04/30/06				40	40	0			0
1	2		4	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER
IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS



Global Dosimetry
Solutions

U.S. Canada (800) 251-3331
<http://www.dosimetry.com> e-mail: info@dosimetry.com

Page: _____
REPORTS APPROVED FPM/TPM _____ REP 4131 05/05/06

Annual Radiation Exposure Summary Report

Accredited by the National Institute of Standards and Technology through NIST for the specific scope of accreditation under lab code 100555-07

ACCOUNT NO: 84244

LOCATION: 00000RAD

PLEASE NOTE

DATE REPORT PREPARED: 05/31/2006
 MONITORING FREQUENCY: O - ON DEMAND
 PAGE: 1 OF: 1
 LICENSE NO:
 PURCHASE ORDER NO: 0123456

REPORT TO:
 GLOBAL DOSIMETRY SOLUTIONS INC
 SAMPLE ACCOUNT

SHIP TO:
 GLOBAL DOSIMETRY SOLUTIONS INC
 SAMPLE ACCOUNT

WEAVER NUMBER	SLOT NUMBER	NAME (LAST) OR OTHER DESIGNATION	I.D. TYPE	DOB / ID	BIRTH DATE	SEX	RADN TYPE	BODY REGION	BODY PART	SERVICE	MONITORING PERIOD		DOSE EQUIVALENT IN MILLIREMS FOR PURPOSES INDICATED BELOW	YEAR TO DATE			LIFETIME TO DATE					
											FIRST DAY	LAST DAY		DEEP	SHALL	NO. REPORTS		DEEP	DEEP	DEEP		
1		DOE	J A	123456789	01/01/1900	M	01	WB	O	O	12/01/2004	12/31/2004		10160	10160	16160	1	10160	10/01/2001			
2		SMITH	M	123456789	01/01/1900	F	01	WB	O	O	12/01/2004	12/31/2004	* CANCELLED 05/16/2005 *	1569	1569	1569	1	1569	10/01/2004			
2		SMITH	M	123456789	01/01/1900	F	19	ULE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	550	550	550	1	550	10/01/2004			
3		JONES	M	123456789	01/01/1900	F	19	URE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	1050	1050	1050	1	1050	10/01/2004			
4		JOHNSON	J	123456789	01/01/1900	M	19	NSE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	0	0	0	1	0	10/01/2004			
4		JOHNSON	J	123456789	01/01/1900	M	15	WB	FN	O	12/01/2004	12/31/2004	* CANCELLED 06/21/2005 *	0	0	0	1	0	10/01/2004			
4		JOHNSON	J	123456789	01/01/1900	M	19	URE	FN	O	12/01/2004	12/31/2004	* CANCELLED 06/21/2005 *	0	0	0	1	0	10/01/2004			
5	10000000	AREA MONITOR	J	123456789	01/01/1900	M	19	URE	FN	O	12/01/2004	12/31/2004	* CANCELLED 06/21/2005 *	1712	1712	1690	1	1712	10/01/2004			
6		WAITING ROOM	J				01	ARE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	250	250	250	1	250	10/01/2004			
8		SPARE	J				14	ARE	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	574	574	574	1	574	10/01/2004			
9		VISITOR	J				01	WB	FN	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	81	81	81	1	81	10/01/2004			
10		CURIE	M	123456789	01/01/1900	F	10	WB	O	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	50	50	50	1	50	12/01/2004			
11		HABIL	K	123456789	06/23/1972	F	15	WB	O	O	12/01/2004	12/31/2004	* CANCELLED 01/20/2006 *	500	500	500	1	500	12/01/2004			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER
 IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS



Global Dosimetry Solutions

U.S. Canada: (800) 251-3331
<http://www.dosimetry.com> e-mail: info@dosimetry.com

REPORTS APPROVED FPM/TPM REP4047_US 11/03/04

GENERAL INFORMATION

MINIMUM EXPOSURE REQUIRED: All dosemeters have a minimum threshold below which any actual exposure cannot be measured with statistical accuracy. ALL EXPOSURES BELOW THIS THRESHOLD WILL BE REPORTED AS AN UPPER LIMIT. (See column 11, 14, 15, 16, 17. These minimal exposures will not appear in the cumulative data table to specifications staff for non-stationary dosemeters.)

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.

EXTERNAL DOSE: The portion of the dose equivalent received from radiation sources outside the body.

INTERNAL DOSE: Dose received by an individual in a particular area of the body from radionuclides that have been inhaled, ingested, or absorbed through the skin. Radiation and its contribution to the individual's absorbed dose is measured in terms of the portion of the dose or other person. Occupational dose will include dose received from background radiation, with no a patient from medical procedures, from voluntary participation in medical research programs, or as a result of other activities.

EXTREMITY: Hand, forearm, hand, foot, or leg below the knee.

WHOLE BODY: Head, neck, arm above the elbow, leg above the knee.

DEEP DOSE EQUIVALENT: Dose equivalent measured in terms for dose equivalent at a tissue depth of 1 cm (100 mg/cm²); applies to whole body exposure.

EYE DOSE EQUIVALENT: Dose equivalent measured in terms for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²); applies to external exposure of the eye.

SHALLOW DOSE EQUIVALENT: Dose - WB (weighted measurement in terms for dose equivalent at a tissue depth of 0.007 cm (0.07 mg/cm²); applies to shallow dose of whole body.

SHALLOW DOSE EQUIVALENT: Dose - E (external measurement in terms for dose equivalent at a tissue depth of 0.01 cm (0.1 mg/cm²); applies to shallow dose of extremities.

TECHNICAL DATA: Global Dosimetry performs calculations of the dosimetry systems that are available to MET and is accompanied by the historical Institute of Standards and Technology through NPL.

INDUSTRIAL TEST SOURCES: Industrial radiography, industrial radiography, and industrial radiography.

DOSE-TO-DOSE: "DOSE" awarded for the performance, training of Personnel Dosimetry System.

10 CFR 20 LIMITS: STATE LIMITS: (if applicable)
 Whole Body: 5000 mrem/year
 Lens of Eye: 1000 mrem/year
 Skin: 5000 mrem/year
 Extremity: 50,000 mrem/year

REPORT IDENTIFICATION SECTION

ACCOUNT NO: Unique identifying number permanently assigned to a facility.

DATE: Reporting date specified by customer.

REPORT NO: Unique identifying number assigned by customer.

DATE RECEIVED: DATE RECEIVED & REPORT PREPARED. These dates indicate the elapsed time to process, evaluate and report dosimeter results.

TIME OF DAY: Time of day of exposure.

INDICATES NUMBER OF REPORT PAGES IN THIS REPORTING SEQUENCE.

UNIQUE IDENTIFYING NUMBER: Unique identifying number assigned by the Nuclear Regulatory Commission (NRC) or the Institute for Occupational Safety and Health (NIOSH).

PURCHASE ORDER NO.: Institute purchase order number on file.

REPORT APPROVED: PFM/TM - Indicates individual approved to issue report.

NOTIFICATION LEVEL: Customer provided dose at which a phone notification is initiated.

WEARER IDENTIFICATION SECTION

COLUMN 1: Unique individual wearer numbers assigned with an account. All exposure records are filed by wearer number.

COLUMN 2: Wearer number assigned by customer. Wearer numbers may be further identified by assigning a job number.

COLUMN 3: Individual's last name or other dosimeter designation.

COLUMN 4: Individual's first initial.

COLUMN 5: Individual's middle initial.

COLUMN 6: Individual's identification type printed in column 7.

Wearer ID Type

1. Social Security Number
2. Photo Identification Number
3. Work Permit Number
4. Inmate Identification Number
5. Canadian Social Insurance Number
6. Other
- Blank Not Designated

WEARER IDENTIFICATION SECTION - CONTINUED

COLUMN 7: The individual's identification number corresponding with identification type included in column 7.

COLUMN 8: Individual's birth date.

COLUMN 9: M = Male; F = Female.

COLUMN 10: Physical type of radiation detection media utilized in assigned dosemeter.

Badge Type

01 - Film Badge	10 - TLD 100 Environmental
02 - TLD 100	11 - Hard Film
03 - TLD 100	12 - TLD 100
04 - TLD 100	13 - TLD 100
05 - TLD 100	14 - TLD 100
06 - TLD 100	15 - TLD 100
07 - TLD 100	16 - TLD 100
08 - TLD 100	17 - TLD 100
09 - TLD 100	18 - TLD 100
10 - TLD 100	19 - TLD 100
20 - TLD 100	21 - TLD 100
21 - TLD 100	22 - TLD 100
22 - TLD 100	23 - TLD 100
23 - TLD 100	24 - TLD 100
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25 - TLD 100	26 - TLD 100
26 - TLD 100	27 - TLD 100
27 - TLD 100	28 - TLD 100
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92 - TLD 100	93 - TLD 100
93 - TLD 100	94 - TLD 100
94 - TLD 100	95 - TLD 100
95 - TLD 100	96 - TLD 100
96 - TLD 100	97 - TLD 100
97 - TLD 100	98 - TLD 100
98 - TLD 100	99 - TLD 100
99 - TLD 100	100 - TLD 100

COLUMN 11: General region of the body to be monitored if dosimeter is assigned to personnel. This field is optional and is provided to help differentiate between multiple badges worn on the same body region (refer to column 12).

Monitored Region

W = Whole Body
 H = Head
 U = Upper Limb Extremity
 L = Lower Limb Extremity
 N = Non-Specific Extremity
 O = Other

Non-Personnel

FA = Forearm
 EL = Elbow
 HA = Hand
 SH = Shoulder
 TH = Thigh
 TO = Toe
 TR = Trunk
 UP = Upper
 WA = Wrist

COLUMN 12: Specific body part to be monitored if dosimeter is assigned to personnel. This field is optional and is provided to help differentiate between multiple badges worn on the same body region (refer to column 11).

Monitored Part of Body

Whole Body	Extremities	Non-Personnel
Not Identified	Not Identified	Not Identified
Head	Forearm	Forearm
Hand	Elbow	Elbow
Upper Limb Extremity	Hand	Hand
Lower Limb Extremity	Shoulder	Shoulder
Non-Specific Extremity	Thigh	Thigh
Other	Toe	Toe
	Trunk	Trunk
	Upper	Upper
	Wrist	Wrist
	Other	Other

COLUMN 14: Length of assigned monitoring period.

Frequency of Dosimeter Exchange

W = 1 week	O = 3 months
B = 2 weeks	F = 4 months
M = 1 month	S = 6 months
T = 2 months	A = 12 months
O = User specified (and date not displayed)	H = 102 months

DOSEMETER AND EXPOSURE HISTORY SECTION

COLUMN 14: The day received for current year.

COLUMN 15: Last day received for current year.

COLUMN 16: The day and last day the wearer had an assigned badge.

COLUMN 17: Dose. Cumulative year-to-date total for all non-stationary dosemeters reported in process year.

DOSEMETER AND EXPOSURE HISTORY SECTION - CONTINUED

COLUMN 18: Eye. Cumulative year-to-date total for all whole body dosemeters reported in process year.

COLUMN 19: Shoulder. Cumulative year-to-date total for all dosemeters reported in process year.

COLUMN 20: Number Reports. Total number of reports issued in process year.

COLUMN 21: Deep Cumulative Minutes total for all non-stationary dosemeters processed from previous history and adjustments, if provided by customer.

COLUMN 22: Dose History Adjustments. Indication of an adjustment to an individual's radiation history.

Letter Adjustment Note

A. One or more additions to the year-to-date and lifetime doses.
 B. One or more subtractions to the year-to-date and lifetime doses.
 C. One or more additions to the lifetime dose only.
 D. One or more subtractions to the lifetime dose only.
 E. Dose data provided by customer for the period prior to inception of services.
 F. Dose data provided by customer for the period prior to inception of services, other changes have also been made.
 G. Previous history (badge) and date of inception have been supplied by the customer; other changes have also been made.
 H. Previous history (badge) and date of inception have been supplied by the customer; other changes have also been made.
 I. Previous history (badge) and date of inception have been supplied by the customer; other changes have also been made.

COLUMN 23: Inception Date of Lifetime Total. Date shown is starting date of service with Global Dosimetry or actual before and date if data applied by customer.

REFERENCES

1. For rules and regulations applying to Radiation Safety in your state contact your State Health Department.
 2. Standards for Protection against Radiation are published in the Code of Federal Regulations and may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20540. Ask for 10 CFR 20.
 3. Regulatory Guide 8.7 Rev. 1 Instructions for Recording and Reporting Occupational Exposure Data ("provide guidance on").
 - * Determining the doses in the current reporting year for all persons who must be monitored and recording therein on NRC Form 5.
 - * Submitting an annual report to the MPC of the results of individual monitoring (NRC Form 5).
 - * Acquiring records of prior exposure (NRC Form 5).
- This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulations 10 CFR part 19. Your should preserve this report for future reference.
- This report shall not be reproduced except in full without the written approval of the processing facility.
- This report may not be used to claim product endorsement by NRC or any agency of the U.S. Government.

Environmental Monitoring Letter



2652 McGaw Avenue · Irvine, CA 92614 · Tel: (949) 419-1000 · Toll Free: (888) 437-1714 · Fax: (949) 296-1144 · www.dosimetry.com

April 07, 2006

**GLOBAL DOSIMETRY SOLUTIONS INC
SAMPLE ACCOUNT**

Dear Jack

Enclosed is your environmental report for the locations, and wear periods listed below reported in units of mR:

Account	Location	Wear Date
84244	00000DPT	1/1/2006

As a reminder, no background has been applied. Only, fade and reader corrections have been applied. If you have any questions please contact a Sr. Technical Specialist at: (949) 419-1000.

Sincerely,

Sr. Technical Specialist
Global Dosimetry Solutions, Inc.

0043465

REP4110_0

Environmental Monitoring



Global Dosimetry
Solutions

Global Dosimetry Solutions Environmental Report

Account	84244	SAMPLE ACCOUNT
Location	00000DPT	
Monitoring Period	1/1/2006	
Process	0043466	
Arrived at GD	4/3/2006	

Badge Number	Name	Exposure mR*
	CONTROL-DAILY	5
	CONTROL-DAILY	5
1	DNTLD33	6
2	DNTLD43	6
3	DNTLD19	6
4	DNTLD42	6
5	NYTLDBK	23
6	NYTLDTC	6
7	NYTL DLC	11
11	DNTLD33	6
12	DNTLD43	6
13	DNTLD19	6
14	DNTLD42	6
15	NYTLDBK	23
16	NYTLDTC	6
17	NYTL DLC	11

*- No control exposures have been subtracted, and only element, reader and fade corrections have been made.



Report Requests

If you have questions about the reports listed in this book, please call (800) 251-3331.

To request a report for your account please contact your customer support representative or your sales representative.



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