



Michigan Department of Licensing and Regulatory Affairs
Radiation Safety Section



OCCUPATIONAL EXTERNAL RADIATION EXPOSURE HISTORY

(See instructions on reverse side)

IDENTIFICATION			
1. Name (Print—Last, First, Middle)			
2. Identification Number		3. Date of Birth (Month, Day, Year)	
OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY			
4. Previous Employments Involving Radiation Exposure – List Name and Address of Employer	5. Dates of Employment (From – To)	6. Periods of Exposure	7. Previous Dose History – indicate in sieverts DDE, SDE, LDE, EDE, as appropriate
8. Remarks			
CERTIFICATION			
9. I certify that the exposure history listed in Columns 4, 5, and 6 is correct and complete to the best of my knowledge and belief			
_____ Employee's Signature			
_____ Name of the Registrant			

MIOSHA-RSS-101 (Rev. 5/16)
Authority: 1978 PA 368, as amended
Completion: Voluntary by R 333.5080

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this agency if you need assistance with reading, writing, hearing, etc., under the *Americans with Disabilities Act*.

INSTRUCTIONS FOR PREPARATION OF MIOSHA-RSS-101

The preparation and safekeeping of this form or a clear and legible record containing all the information required on this form is required pursuant to R 333.5080 of part 3 "Standards for Protection Against Radiation for Users of Radiation Machines," as a record of prior occupational radiation exposure. Such a record must be established and maintained for each individual for whom personnel monitoring is required under R 333.5064 of part 3.

Listed below by item are instructions and additional information directly pertinent to completing this form.

IDENTIFICATION

- Item 1. Self-explanatory.
- Item 2. Enter either the individual's social security number or an employer-assigned unique staff identification number that can be correlated to the social security number in the employer's personnel records.
- Item 3. Self-explanatory.

OCCUPATIONAL EXPOSURE – PREVIOUS HISTORY

- Item 4. List the name and address of each previous employer and the address of employment. Start with the most recent employer and work back. Include only those periods of employment involving occupational exposure to radiation. For periods of self-employment, insert the word "self-employed".
- Item 5. Give the dates of employment.
- Item 6. List periods during which occupational exposure to radiation occurred.
- Item 7. List the dose recorded for each period of exposure from records of previous occupational exposure of the individual. Dose is to be given in sieverts.
- Item 8. Provide any information relevant to the understanding doses reported or special circumstances related to the occupational exposures listed.

CERTIFICATION

- Item 9. Self-explanatory.