

Central Plateau Cleanup Company  
**DOSIMETRY CHANGE REQUEST**

Date:

**Mail to:**  
**Dosimetry - R4-04**  
**OR**  
**Email to:**  
[^CPCCO Dosimetry](#)

Manager's Name:  
 \_\_\_\_\_  
*Print First and Last Name* *Phone*

Project Dosimetry PPOC Name:  
 \_\_\_\_\_  
*Print First and Last Name* *Signature / Date*

**INCLUDE ANY/ALL CHANGES THAT APPLY**

Company:

Name: HID:

Job Title: Dept. ID:

Building: Area: MSIN:

**PLEASE REVIEW THE FOLLOWING TO ASSURE THAT ALL OF THE APPROPRIATE  
 DOSIMETRY IS BEING REQUESTED FOR THE EMPLOYEE.**

<p><b>Change Dosimeter Exchange Frequency to:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Standard Dosimeter (HSD)</b></p> <input type="checkbox"/> Annual  <input type="checkbox"/> Semi Annual  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Monthly  <input type="checkbox"/> DISCONTINUED DOSIMETER <i>(no longer needed, likely annual dose less than 100 mrem/yr)</i></td> <td style="width: 50%; vertical-align: top;"> <p><b>Combination Neutron (HCND)</b></p> <input type="checkbox"/> Annual  <input type="checkbox"/> Semi Annual  <input type="checkbox"/> Quarterly  <input type="checkbox"/> Monthly</td> </tr> </table>	<p><b>Standard Dosimeter (HSD)</b></p> <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> DISCONTINUED DOSIMETER <i>(no longer needed, likely annual dose less than 100 mrem/yr)</i>	<p><b>Combination Neutron (HCND)</b></p> <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<p>Effective Date: _____</p> <p><b>Dosimetry Use Only:</b></p> <p><b>Ring (auto-issue only)</b></p> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Discontinue
<p><b>Standard Dosimeter (HSD)</b></p> <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> DISCONTINUED DOSIMETER <i>(no longer needed, likely annual dose less than 100 mrem/yr)</i>	<p><b>Combination Neutron (HCND)</b></p> <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		

**Excreta Bioassay Requirements:**

<input type="checkbox"/> Plutonium	<input type="checkbox"/> Americium-241	<input type="checkbox"/> Curium
<input type="checkbox"/> Uranium	<input type="checkbox"/> Tritium	
<input type="checkbox"/> Strontium	<input type="checkbox"/> Other: _____	

Discontinue Excreta For: \_\_\_\_\_

**REQUIRED:**

Home Address: *(necessary only for Bioassay delivery)*

\_\_\_\_\_

Street *(If Route, please provide a map)*

\_\_\_\_\_

City State Zip Code

Effective Date: \_\_\_\_\_

[1] _____	ISO Req	Month	Freq	Year	Type
[2] _____	ISO Req	Month	Freq	Year	Type
[3] _____	ISO Req	Month	Freq	Year	Type
[4] _____	ISO Req	Month	Freq	Year	Type

**Dosimetry Use Only**

**In Vivo Requirements:**

<input type="checkbox"/> Whole Body Count	<input type="checkbox"/> Chest
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Discontinue In Vivo For: \_\_\_\_\_

Effective Date: \_\_\_\_\_

[1] _____	Type	Freq	Anal Req
[2] _____	Type	Freq	Anal Req

**Dosimetry Use Only**

Reason for Change:

Dosimetry Operations: Date: