

**EMERGENCY WORKER RADIATION EXPOSURE RECORD - DOSIMETRY - KI REPORT FORM**

Emergency Worker's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Worker's Organization: \_\_\_\_\_

County: \_\_\_\_\_

Emergency Worker's Signature: \_\_\_\_\_

**Rad 60/ Direct Reading Dosimeter (DRD) Information**

Mission Description	Date / Time	Rad 60/ ERD Serial No.	Initial Reading	Initial + 30 min	Initial + 1 hour	Initial + 1 h 30 m	Initial + 2 hours	Initial + 2 h 30 m	Initial + 3 hours	Initial + 3 h 30 m	Initial + 4 hours	Final Reading
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	/											
	/											
	/											
	/											
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**Rad 60 (EPD) Instructions (TABLE ABOVE):**

**Protective Action Guidelines for Emergency Workers:**

Wear the EPD on the chest. Enter a brief "Mission Description" and the current date. Enter the ERD serial number from the ERD. Document your initial ERD reading. Every 30 minutes thereafter, read your ERD and document the new reading. When using the RAD-60: Install batteries, Verify the dose limit alarm setting, and Verify the dose rate alarm setting (turn back value) At the conclusion of the mission, document the "Final Reading." Document each mission inside the 10 mile zone separately.

**Do not exceed 1 Rem (1000 mrem/h) without County Authorization.**

**Permanent Record Dosimeter (PRD) Instructions (TABLE TO THE BOTTOM RIGHT):**

Wear the PRD on the chest with the film facing out. Enter the PRD serial number from the front of the PRD. Enter the Date and time the PRD was issued and who or which organization gave it to you. Document the date and time the PRD was returned and to whom or which organization it was returned.

Dose Limit	Emergency Activity Performed	Condition
1 Rem	All Activities	All activities during emergency
10Rem	Protecting Major Property	Lower dose not practical Requires County Approval
25 Rem	Lifesaving missions for large populations	Lower dose not practical Requires County Approval
> 25 Rem	Lifesaving missions for large populations	Only on a volunteer basis to person fully aware of risks. Requires County Approval

**KI Instructions (TABLE TO THE BOTTOM):**

**Take KI only on the direction of the County Health Officer.** Take 2 tablets (65 mg@) once each day. If you have an adverse allergic reaction to the drug, discontinue taking KI and report to your supervisor immediately.

POTASSIUM IODIDE (KI) RECORD			
	Date	Time	Amount Taken
Day 1			2 tablets / 65mg@
Day 2			2 tablets / 65mg@
Day 3			2 tablets / 65mg@
Day 4			2 tablets / 65mg@
Day 5			2 tablets / 65mg@
Day 6			2 tablets / 65mg@
Day 7			2 tablets / 65mg@

POTASSIUM IODIDE (KI) RECORD			
	Date	Time	Amount Taken
Day 8			2 tablets / 65mg@
Day 9			2 tablets / 65mg@
Day 10			2 tablets / 65mg@
Day 11			2 tablets / 65mg@
Day 12			2 tablets / 65mg@
Day 13			2 tablets / 65mg@
Day 14			2 tablets / 65mg@

Permanent Record Dosimeter (PRD)
Serial No. _____
<b>ISSUED BY:</b>
Name: _____
Organization: _____
Date: _____ Time: _____
<b>TURNED IN TO:</b>
Name: _____
Organization: _____
Date: _____ Time: _____
<b>READING OF PRD:</b>
_____ mRem
DATE OF READING: _____

EQUIPMENT ISSUED
Make/Model: _____ -
Serial No. _____
<b>READING :</b> _____ mRem
<b>ISSUED TO:</b> Name: _____
Organization: _____
Date: _____ Time: _____
<b>ISSUED BY:</b> Name: _____ -
Organization: _____
Date: _____ Time: _____
<b>TURNED IN TO:</b> Name: _____
Organization: _____
Date: _____ Time: _____

EQUIPMENT ISSUED
Make/Model: _____ -
Serial No. _____
<b>READING :</b> _____ mRem
<b>ISSUED TO:</b> Name: _____
Organization: _____
Date: _____ Time: _____
<b>ISSUED BY:</b> Name: _____ -
Organization: _____
Date: _____ Time: _____
<b>TURNED IN TO:</b> Name: _____
Organization: _____
Date: _____ Time: _____

EQUIPMENT ISSUED
Make/Model: _____ -
Serial No. _____
<b>READING :</b> _____ mRem
<b>ISSUED TO:</b> Name: _____
Organization: _____
Date: _____ Time: _____
<b>ISSUED BY:</b> Name: _____ -
Organization: _____
Date: _____ Time: _____
<b>TURNED IN TO:</b> Name: _____
Organization: _____
Date: _____ Time: _____