

**RADIOLOGICAL MONITORING, MEASUREMENT, AND CONTROL FORMS**

Figure 7. FRMAC Form 7: Personnel TLD Data Sheet

**PERSONNEL TLD DATA SHEET**

**Privacy Act Statement:** *The information on this form is protected by the Privacy Act of 1974. The purpose of requesting this information is to conduct dose tracking. This information will be used by the U.S. Department of Energy, Nevada Operations Office, its contractors, and the home organization of the participant. Failure to provide this information will result in not receiving a dose assessment or proper dose tracking.*

**Personnel TLD Data Sheet**

Personnel TLD Data Sheet #  
  
 40134

| Event                                   | TLD #       | Latitude                        | Longitude    | Deployed             |               | Retrieved            |          |
|---|-------------|---------------------------------|--------------|----------------------|---------------|----------------------|----------|
|   |             |                                 |              | Date/Time (Military) | Initials      | Date/Time (Military) | Initials |
| <b>Location Description:</b>            |             |                                 |              |                      |               |                      |          |
| <b>Name</b>                             | <b>Last</b> |                                 | <b>First</b> |                      | <b>Middle</b> |                      |          |
|   |             |                                 |              |                      |               |                      |          |
| <b>Mailing Address</b>                  |             | <b>City</b>                     |              | <b>State</b>         |               | <b>Zip Code</b>      |          |
|   |             |                                 |              |                      |               |                      |          |
| <b>Phone Number (with area code)</b>    |             | <b>Social Security Number *</b> |              | <b>Date of Birth</b> |               | <b>Sex</b>           |          |
|   |             |                                 |              |                      |               | M F                  |          |
| <b>Remarks (Issue/Retrieval):</b> _____ |             |                                 |              |                      |               |                      |          |
| _____                                   |             |                                 |              |                      |               |                      |          |
| _____                                   |             |                                 |              |                      |               |                      |          |
| <b>CHAIN OF CUSTODY</b>                 |             |                                 |              |                      |               |                      |          |
| Relinquished By:                        |             | Received By:                    |              | Transit Numbers:     |               |                      |          |
| Date/Time (Military)                    |             | Date/Time (Military)            |              | Date/Time (Military) |               |                      |          |
| Relinquished By:                        |             | Received By:                    |              | Transit Numbers:     |               |                      |          |
| Date/Time (Military)                    |             | Date/Time (Military)            |              | Date/Time (Military) |               |                      |          |
| Relinquished By:                        |             | Received By:                    |              | Transit Numbers:     |               |                      |          |
| Date/Time (Military)                    |             | Date/Time (Military)            |              | Date/Time (Military) |               |                      |          |
| Relinquished By:                        |             | Received By:                    |              | Transit Numbers:     |               |                      |          |
| Date/Time (Military)                    |             | Date/Time (Military)            |              | Date/Time (Military) |               |                      |          |

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\* SSN Disclaimer: The Health and Safety Group requires that Social Security number information be provided. This information is held in strict confidence; it is not released.  
**Original to Data Center    Yellow Copy to Health & Safety    Pink Copy to Individual**