HISTORY DETAIL REPORT

Report Period: 7/11/2011 - 6/24/2013

instadose™ BY QUANTUM PRODUCTS

Account: Consultant (6694)
Location: Main

Ship To: 264 Coleridge st.
San Francisco CA 94110
United States

Name	ID Type	ID	Birth Date	Badge ID	Badge Type	Body Region	Body Part	Read Date/Time	Dose Reported in Units of mrem			
									HP(10) Deep	HP(3) Eye	HP(0.07) Shallow	Notes
Spurrier, Noah				22594	IN	Torso		05/01/2012 2:43:15 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		03/14/2012 8:08:51 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		03/14/2012 5:27:14 PM	9	9	9	
Spurrier, Noah				22594	IN	Torso		03/14/2012 5:19:18 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		03/11/2012 5:58:10 PM	11	11	11	
Spurrier, Noah				22594	IN	Torso		03/11/2012 2:54:30 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		03/09/2012 5:00:59 PM	6	6	6	
Spurrier, Noah				22594	IN	Torso		03/09/2012 2:48:13 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		03/01/2012 4:08:27 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		02/29/2012 8:48:40 AM	4	4	4	
Spurrier, Noah				22594	IN	Torso		02/29/2012 7:33:36 AM	*	*	*	
Spurrier, Noah				22594	IN	Torso		02/29/2012 7:30:04 AM	4	4	4	
Spurrier, Noah				22594	IN	Torso		01/17/2012 9:24:41 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		01/17/2012 9:17:02 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		01/17/2012 9:11:08 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		01/17/2012 9:05:49 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		01/17/2012 9:04:27 PM	358	358	358	
Spurrier, Noah				22594	IN	Torso		11/07/2011 11:31:31 AM	86	86	86	
Spurrier, Noah				22594	IN	Torso		09/27/2011 7:56:45 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		09/27/2011 7:54:39 PM	24	24	24	
Spurrier, Noah				22594	IN	Torso		08/21/2011 8:27:29 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		07/30/2011 4:00:15 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		07/20/2011 10:01:16 PM	5	5	5	
Spurrier, Noah				22594	IN	Torso		07/12/2011 8:14:08 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		07/11/2011 5:46:45 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		07/11/2011 5:45:27 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		07/11/2011 5:16:25 PM	57	57	57	
Spurrier, Noah				22594	IN	Torso		07/11/2011 5:10:14 PM	*	*	*	
Spurrier, Noah				22594	IN	Torso		07/11/2011 4:50:15 PM	*	*	*	
Number of Reads: 29								**Total:**	**564**	**564**	**564**	
1	2	3	4	5	6	7	8	9	10	11	12	13

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

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

Quantum Products
P.O. BOX 16451
IRVINE, CA 92623
U.S./CANADA: 800.359.9686
www.instadose.com

Report Run Time: 06/24/2013 3:33:45 PM

GENERAL INFORMATION

MINIMUM EXPOSURE REPORTED:
All dosimeters have a minimum threshold below which an actual exposure cannot be measured with statistical accuracy. ALL EXPOSURES BELOW THIS MINIMUM WILL BE REPORTED AS AN ASTERISK (*) IN COLUMNS 6, 7, AND 8.

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: That portion of the dose equivalent received from radiation sources outside the body.

OCCUPATIONAL DOSE: Dose received by an individual in a restricted area or in the course of employment in which the individual's assigned duties involves exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation, whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, such as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the general public.

EXTREMITY: Hand, elbow, arm below the elbow, foot, knee or leg below the knee.

WHOLE BODY: Head, trunk, arms above the elbow, legs above the knee.

DEEP DOSE EQUIVALENT: DDE Incremental measurement in rem for dose equivalent at a tissue depth of 1 cm (1000 mg/cm^2); applies to whole body exposure.

EYE DOSE EQUIVALENT: LDE Incremental measurement in rem for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm^2); applies to external exposure of the lens of the eye.

SHALLOW DOSE EQUIVALENT: SDE – WB Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm^2); applies to shallow dose of whole body.

SHALLOW DOSE EQUIVALENT: SDE – E Incremental measurement in rem for dose equivalent at a tissue depth of 0.007 cm (7mg/cm^2); applies to shallow dose of extremity.

TECHNICAL DATA: Mirion Technologies (GDS) Inc. performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.

RADIATION TEST SOURCES
Mirion Technologies (GDS) Inc. has demonstrated satisfactory performance in accordance with the most recent version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance. "Requirements for the approval of dosimetry services under the Ionising Radiations Regulations 1999"

	10 CFR 20 LIMITS:	STATE LIMITS: (if applicable)
Whole Body: TEDE	5,000 mrem/year	1,250 mrem/qtr
Lens of eye	15,000 mrem/year	1,250 mrem/qtr
Skin: SDE	50,000 mrem/year	7,500 mrem/qtr
Extremity	50,000 mrem/year	18,750 mrem/qtr

REPORT IDENTIFICATION SECTION

ACCOUNT - Unique identifying number permanently assigned to a facility.

LOCATION - Location specified by customer.
REPORT RUN TIME- This date/time indicates the date/time the report was run by the customer.

PAGE _____ OF _____Indicates number of report pages in this reporting sequence.

WEARER IDENTIFICATION SECTION

COLUMN 1- Individuals last and first name

COLUMN 2- Individual's identification type.

COLUMN 3- Unique individual wearer identification assigned within an account. All exposure records kept by the User ID.

COLUMN 4- Individual's birth date.

COLUMN 5- Serial number registered to the instadose device

Badge ID Type

- Instadose Device ID
- Dosimeter Unique ID

COLUMN 6- Physical type of radiation detectin media utilized in assigned dosimeter

Badge Type

IN - Instadose
18 - Hard Ring
19 - MeasuRing®

WEARER IDENTIFICATION SECTION - CONTINUED

COLUMN 7- General region of the body to be monitored if dosimeter is assigned to personnel. This column also reflects non-personal use of a dosimeter:

Monitored Region

FETAL		NSE	= Non Specific Extremity
TORSO	= Whole Body	NPU	= Non Personnel Use
URE	= Upper Right Extremity	UNK	= Unknown
ULE	= Upper Left Extremity		
LRE	= Lower Right Extremity		
LLE	= Lower Left Extremity		

COLUMN 8 - 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 identified in column 7.

Monitored Part of Body

Extremities	
FN	Finger
TO	Toe

Monitoring Period

COLUMN 9- Date and time of each read

DOSIMETER AND EXPOSURE HISTORY SECTION

COLUMN 10- Deep Cumulative total reported during the read period.

COLUMN 11- Eye Cumulative total reported during the read period.

COLUMN 12- Shallow: Cumulative total for all dosimeters reported during the read period.

COLUMN 13- Letters shown in this column indicated an unusual occurrence which may limit or preclude an exposure evaluation. Continued or frequent entries in this column require further investigation and elimination of cause if possible. See Explanation of Code Key.

Letter Adjustment Note

Letter	Adjustment Note
C6	Components physically damaged.
C7	Components missing.
D6	Unusual element response.
D7	Dosimeter saturated.
E	Dosimeter exibited unusual exposure pattern reported dose is estimate.
F	Unused badge per customer notice. No evaluation made.

May also show requested entry for

A	Adjustment
E	Estimate
L	Lifetime history
S	Spare badge
Y	Year to Date history

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 20402. Ask for 10 CFR 20.
3. Regulatory Guide 8.7 Instructions for Recording and Reporting Occupational Exposure Data provides guidance on:
   * Determining the doses in the current monitoring year for all persons who must be monitored and recording them on an NRC Form 5.
   * Submitting an annual report to the NRC of the results of individual monitoring (NRC Form 5).
   * Acquiring records of prior exposure (NRC Form 4).

This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulation 10 CFR part 19. You should preserve this report for further reference.

Report Run Time: 06/24/2013 3:33:45 PM