

H & H X-RAY SERVICES INC.

P.O. Box 517
West Monroe, LA 71294-0517
Phone# 1-800-551-5093
Fax# 1-318-324-1059
E-Mail: hhxray@bayou.com

H & H X-Ray Services Inc
Waggoner & Associates
Mississippi X-Ray
Monroe X-Ray

April 30, 2013

Nuclear Regulatory Commission
Reirs Project MGR
Washington, DC 20555

NRC License # 17-19236-01

Attn: Office of Nuclear Regulatory Research

Enclosed are the annual exposure reports Form 5 copies of the employee's who worked in the year of 2012.

If you need any other information please let me know.

Thank You,

Julietta Davidson
Health & Safety Officer
H & H X-Ray Services, Inc
104 Enterprise
West Monroe, La 71292
jd@hhxray.com

RES13



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 00489		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SANDERSON, RONNIE		2. IDENTIFICATION NUMBER 435963255	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/20/1956
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.514
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.524
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.527
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.514
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.514
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 36.046	
				LDE : 36.093	
				SDE, WB : 35.978	
				SDE, ME :	
				TEDE : 36.046	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 00687		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MONDAY, ALLEN		2. IDENTIFICATION NUMBER 2565	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/25/1945
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.186
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.190
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.192
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.186
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.186
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 49.158	
				LDE : 49.305	
				SDE, WB : 49.287	
				SDE, ME :	
				TEDE : 49.158	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 00842		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TAYLOR, RICKIE		2. IDENTIFICATION NUMBER 431232026	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/07/1960
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.131
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.142
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.138
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.131
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.131
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 34.624	
				LDE : 34.690	
				SDE, WB : 34.683	
				SDE, ME :	
				TEDE : 34.624	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 00918		
1. NAME (LAST, FIRST, MIDDLE INITIAL) JOHNSON, LEE		2. IDENTIFICATION NUMBER 443520882	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/25/1950
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.174
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.177
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.176
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.174
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.174
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 17.204	
				LDE : 17.279	
				SDE, WB : 17.289	
				SDE, ME :	
				TEDE : 17.204	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013





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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01052		
1. NAME (LAST, FIRST, MIDDLE INITIAL) COATES, KENNETH		2. IDENTIFICATION NUMBER 439049374	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/12/1959
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.006
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.006
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.006
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.006
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.006
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.411 LDE : 8.412 SDE, WB : 8.402 SDE, ME : TEDE : 8.411	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01211		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TONEY, CHARLES		2. IDENTIFICATION NUMBER 427413844	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/11/1963
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.798
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.808
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.808
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.798
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.798
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 21.565	
				LDE : 21.594	
				SDE, WB : 21.357	
				SDE, ME :	
				TEDE : 21.565	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01228			
1. NAME (LAST, FIRST, MIDDLE INITIAL) CROCKER, NICK		2. IDENTIFICATION NUMBER 437395779	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/04/1978	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 0.893	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.905	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.906	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.893	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.893	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 22.359 LDE : 22.433 SDE, WB : 22.266 SDE, ME : TEDE : 22.359		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	

INCEPTION DATE: 04/01/1996

58573



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01243		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MCINTOSH, JAY		2. IDENTIFICATION NUMBER 435315633	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/29/1963
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.062
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.062
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.062
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.062
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.062
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 5.897 LDE : 5.921 SDE, WB : 5.906 SDE, ME : TEDE : 5.897	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER	SUBACCOUNT	SERIES CODE	PARTICIPANT NUMBER		
58573	1261121	A	01284		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MCCARTY, DEREK		2. IDENTIFICATION NUMBER 433658145	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/30/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.571
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.590
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.593
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.571
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.571
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 19.110	
				LDE : 19.185	
				SDE, WB : 18.871	
				SDE, ME :	
				TEDE : 19.110	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01324		
1. NAME (LAST, FIRST, MIDDLE INITIAL) KITCHENS, KEVIN		2. IDENTIFICATION NUMBER 433234131	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/15/1971
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.469
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.481
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.456
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.469
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.469
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 20.433	
				LDE : 20.485	
				SDE, WB : 20.361	
				SDE, ME :	
				TEDE : 20.433	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01361		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MURPHY, JEFF		2. IDENTIFICATION NUMBER 437352464	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/20/1964
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.001
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.001
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.001
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.001
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.001
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.026	
				LDE : 1.030	
				SDE, WB : 1.024	
				SDE, ME :	
				TEDE : 1.026	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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ACCOUNT NUMBER

58573

SUBACCOUNT

1261121

SERIES CODE

A

PARTICIPANT NUMBER

01402

1. NAME (LAST, FIRST, MIDDLE INITIAL)

MCCURRY, SONNY

2. IDENTIFICATION NUMBER

435375939

3. ID TYPE

SSN

4. SEX

☒ MALE☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)

06/10/1972

6. MONITORING PERIOD (MM/DD/YYYY)

01/01/2012 - 12/31/2012

7. LICENSEE NAME

MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.

☒ RECORD
☐ ESTIMATE

9B.

☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μ Ci

DEEP DOSE EQUIVALENT

(DDE)

11.

0.346

LENS (EYE) DOSE EQUIVALENT

(LDE)

12.

0.350

SHALLOW DOSE EQUIVALENT,
WHOLE BODY

(SDE, WB)

13.

0.351

SHALLOW DOSE EQUIVALENT,
MAX EXTREMITY

(SDE, ME)

14.

COMMITTED EFFECTIVE DOSE
EQUIVALENT

(CEDE)

15.

COMMITTED DOSE EQUIVALENT,
MAXIMALLY EXPOSED ORGAN

(CDE)

16.

TOTAL EFFECTIVE DOSE EQUIVALENT
(ADD BLOCKS 11 AND 15)

(TEDE)

17.

0.346

TOTAL ORGAN DOSE EQUIVALENT
MAX ORGAN (ADD BLOCKS 11 AND 16)

(TODE)

18.

0.346

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 8.404

LDE : 8.463

SDE, WB : 8.406

SDE, ME :

TEDE : 8.404

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/04/2013

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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ACCOUNT NUMBER

58573

SUBACCOUNT

1261121

SERIES CODE

A

PARTICIPANT NUMBER

01496

1. NAME (LAST, FIRST, MIDDLE INITIAL)

DURST, LARRY

2. IDENTIFICATION NUMBER

213806810

3. ID TYPE

SSN

4. SEX

☒ MALE☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)

03/10/1960

6. MONITORING PERIOD (MM/DD/YYYY)

01/01/2012 - 04/30/2012

7. LICENSEE NAME

MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.

☒ RECORD
☐ ESTIMATE

9B.

☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μ Ci

DEEP DOSE EQUIVALENT

(DDE)

11. 0.517

LENS (EYE) DOSE EQUIVALENT

(LDE)

12. 0.526

SHALLOW DOSE EQUIVALENT,
WHOLE BODY

(SDE, WB)

13. 0.529

SHALLOW DOSE EQUIVALENT,
MAX EXTREMITY

(SDE, ME)

14.

COMMITTED EFFECTIVE DOSE
EQUIVALENT

(CEDE)

15.

COMMITTED DOSE EQUIVALENT,
MAXIMALLY EXPOSED ORGAN

(CDE)

16.

TOTAL EFFECTIVE DOSE EQUIVALENT
(ADD BLOCKS 11 AND 15)

(TEDE)

17. 0.517

TOTAL ORGAN DOSE EQUIVALENT
MAX ORGAN (ADD BLOCKS 11 AND 16)

(TODE)

18. 0.517

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 10.795

LDE : 10.818

SDE, WB : 10.548

SDE, ME :

TEDE : 10.795

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/04/2013

INCEPTION DATE: 05/01/2001

58573



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EQUIVALENT FORM 5 - ANNUAL

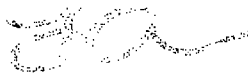
OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01559		
1. NAME (LAST, FIRST, MIDDLE INITIAL) KITCHENS, ANGIE		2. IDENTIFICATION NUMBER 437439438	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/21/1977
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.941
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.955
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SOE, WB)	13. 0.958
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.941
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.941
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 8.563	
				LDE : 8.593	
				SDE, WB : 8.355	
				SDE, ME :	
				TEDE : 8.563	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 01607		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MC CARTY, JERRY		2. IDENTIFICATION NUMBER 438499877	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.554
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.584
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.587
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.554
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.554
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 24.701	
				LDE : 24.879	
				SDE, WB : 24.646	
				SDE, ME :	
				TEDE : 24.701	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013





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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03105	LANDAUER® Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) HEAD, TERRY		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/01/1946
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μCi		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.070
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.071
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.074
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.070
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.070
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.900 LDE : 1.893 SDE, WB : 1.866 SDE, ME : TEDE : 1.900	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03119	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) MANGRUM, TIM		2. IDENTIFICATION NUMBER 446843091	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/13/1978
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μCi		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.173
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.175
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.176
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.173
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.173
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 6.085 LDE : 6.105 SDE, WB : 5.991 SDE, ME : TEDE : 6.085	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03123		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SMITH, TRACY		2. IDENTIFICATION NUMBER 443805912	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/18/1967
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.466
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.473
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.475
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.466
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.466
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 8.173	
				LDE : 8.183	
				SDE, WB : 7.910	
				SDE, ME :	
				TEDE : 8.173	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1566 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03136		
1. NAME (LAST, FIRST MIDDLE INITIAL) LEWIS, ELWOOD		2. IDENTIFICATION NUMBER 204642420	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/24/1978
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012	7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (In rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.849
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.860
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.863
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (COE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.849
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.849
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.962	
				LDE : 7.009	
				SDE, WB : 6.885	
				SDE, ME :	
				TEDE : 6.962	
20. SIGNATURE LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03139		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SIMS, JAMIE		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.973
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.983
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.985
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (COE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.973
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.973
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 6.995 LDE : 7.058 SDE, WB : 6.973 SDE, ME : TEDE : 6.995	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03169		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MONDAY, MIKE		2. IDENTIFICATION NUMBER 432576141	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.436
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.440
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.443
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.436
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.436
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 11.536	
				LDE : 11.587	
				SDE, WB : 11.508	
				SDE, ME :	
				TEDE : 11.536	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY LANDAUER® Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03190		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEE, DAVID		2. IDENTIFICATION NUMBER 434319772	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/28/1961
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 02/29/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.674
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.685
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.687
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.674
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.674
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 9.254 LDE : 9.316 SDE, WB : 9.116 SDE, ME : TEDE : 9.254	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03224		
1. NAME (LAST, FIRST MIDDLE INITIAL) VETTER, ROBERT		2. IDENTIFICATION NUMBER 211563062	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/10/1969
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.051
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.060
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.054
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.051
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.051
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.991 LDE : 9.040 SDE, WB : 8.904 SDE, ME : TEDE : 8.991	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03250		
1. NAME (LAST, FIRST, MIDDLE INITIAL) AMBROSE, DWAYNE		2. IDENTIFICATION NUMBER 556599208	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/06/1973
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μCi		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.930
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.939
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.904
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.930
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.930
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 14.003	
				LDE : 14.079	
				SDE, WB : 13.702	
				SDE, ME :	
				TEDE : 14.003	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03259		
1. NAME (LAST, FIRST, MIDDLE INITIAL) STUTSON, JOHN		2. IDENTIFICATION NUMBER 437961959	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/22/1956
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.838
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.845
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.838
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.838
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.838
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 5.559 LDE : 5.593 SDE, WB : 5.448 SDE, ME : TEDE : 5.559	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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LANDAUER®

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER

58573

SUBACCOUNT

1261121

SERIES CODE

A

PARTICIPANT NUMBER

03278

1. NAME (LAST, FIRST, MIDDLE INITIAL)

COATES, CODY

2. IDENTIFICATION NUMBER

436692448

3. ID TYPE

SSN

4. SEX

☐ MALE☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)

07/19/1987

6. MONITORING PERIOD (MM/DD/YYYY)

01/01/2012 - 12/31/2012

7. LICENSEE NAME

MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.

☒ RECORD
☐ ESTIMATE

9B.

☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT

(DDE)

11. 1.345

LENS (EYE) DOSE EQUIVALENT

(LDE)

12. 1.358

SHALLOW DOSE EQUIVALENT,
WHOLE BODY

(SDE, WB)

13. 1.360

SHALLOW DOSE EQUIVALENT,
MAX EXTREMITY

(SDE, ME)

14.

COMMITTED EFFECTIVE DOSE
EQUIVALENT

(CEDE)

15.

COMMITTED DOSE EQUIVALENT,
MAXIMALLY EXPOSED ORGAN

(CDE)

16.

TOTAL EFFECTIVE DOSE EQUIVALENT
(ADD BLOCKS 11 AND 15)

(TEDE)

17. 1.345

TOTAL ORGAN DOSE EQUIVALENT
MAX ORGAN (ADD BLOCKS 11 AND 16)

(TODE)

18. 1.345

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 10.125

LDE : 10.198

SDE, WB : 10.070

SDE, ME :

TEDE : 10.125

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/04/2013

INCEPTION DATE: 06/01/2005

58573



PAGE 1

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03281		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BAILEY, BILL		2. IDENTIFICATION NUMBER 445687949	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/25/1960
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.088
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.090
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.090
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.088
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.088
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 4.607 LDE : 4.740 SDE, WB : 4.834 SDE, ME : TEDE : 4.607	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03292		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BRANSON, GENE		2. IDENTIFICATION NUMBER 446766498	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/28/1978
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.996
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.008
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.010
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.996
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.996
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.752	
				LDE : 3.821	
				SDE, WB : 3.795	
				SDE, ME :	
				TEDE : 3.752	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03306		
1. NAME (LAST, FIRST, MIDDLE INITIAL) JOHNSON, KEVIN		2. IDENTIFICATION NUMBER 448621752	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/19/1963
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.292
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.293
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.292
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.292
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.292
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.713	
				LDE : 2.722	
				SDE, WB : 2.666	
				SDE, ME :	
				TEDE : 2.713	
20. SIGNATURE - LICENSEE			DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03307		
1. NAME (LAST, FIRST, MIDDLE INITIAL) POWDERS, MARK		2. IDENTIFICATION NUMBER 570155210	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/10/1964
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE) 11. 1.350	
				LENS (EYE) DOSE EQUIVALENT (LDE) 12. 1.362	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 1.365	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 1.350	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 1.350	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 7.197 LDE : 7.248 SDE, WB : 7.088 SDE, ME : TEDE : 7.197	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY) 21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03308		
1. NAME (LAST, FIRST, MIDDLE INITIAL) THOMAS, DAVID		2. IDENTIFICATION NUMBER 445722328	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/29/1960
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.399
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.402
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.403
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.399
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.399
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.026 LDE : 2.044 SDE, WB : 2.025 SDE, ME : TEDE : 2.026	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



21.3
13.5

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03309		
1. NAME (LAST, FIRST, MIDDLE INITIAL) THOMAS, BRIAN		2. IDENTIFICATION NUMBER 440827488	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/24/1982
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.546
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.566
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.566
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.546
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.546
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.346	
				LDE : 6.435	
				SDE, WB : 6.365	
				SDE, ME :	
				TEDE : 6.346	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <h2 style="margin: 0;">LANDAUER®</h2> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03339		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BLAKE, DENNIS		2. IDENTIFICATION NUMBER 448585875	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/11/1953
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.206
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.209
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.208
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.206
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.206
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.419	
				LDE : 2.454	
				SDE, WB : 2.399	
				SDE, ME :	
				TEDE : 2.419	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03369		
1. NAME (LAST, FIRST, MIDDLE INITIAL) THATCHER, WAYNE		2. IDENTIFICATION NUMBER 441722829	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/13/1969
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.614
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.621
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.623
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.614
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.614
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 5.308 LDE : 5.351 SDE, WB : 5.231 SDE, ME : TEDE : 5.308	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>					PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03375			
1. NAME (LAST, FIRST, MIDDLE INITIAL) POWDERS, SCOTT		2. IDENTIFICATION NUMBER 441849348	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/04/1968	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 0.019	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.019	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.020	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.019	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.019	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.949 LDE : 0.961 SDE, WB : 0.936 SDE, ME : TEDE : 0.949		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03378		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WALL, JAMIE		2. IDENTIFICATION NUMBER 438536481	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/09/1968
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES			DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.484
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.491
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.494
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.484
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.484
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 4.786 LDE : 4.803 SDE, WB : 4.713 SDE, ME : TEDE : 4.786	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03387		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEWIS SR, ELWOOD		2. IDENTIFICATION NUMBER 10548089	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/10/1952
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.386
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.402
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.403
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.386
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.386
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 10.439	
				LDE : 10.499	
				SDE, WB : 10.210	
				SDE, ME :	
				TEDE : 10.439	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013

INCEPTION DATE: 06/01/2006

58573



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03392		
1. NAME (LAST, FIRST, MIDDLE INITIAL) YOUNG, RICKI		2. IDENTIFICATION NUMBER 445609496	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/23/1960
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.082
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.083
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.083
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.082
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.082
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.778 LDE : 2.781 SDE, WB : 2.668 SDE, ME : TEDE : 2.778	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03393		
1. NAME (LAST, FIRST, MIDDLE INITIAL) YOUNG, KATHY		2. IDENTIFICATION NUMBER 522984581	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/08/1961
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.153
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.155
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.156
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.153
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.153
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.569	
				LDE : 2.575	
				SDE, WB : 2.500	
				SDE, ME :	
				TEDE : 2.569	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03397		
1. NAME (LAST, FIRST, MIDDLE INITIAL) PRIEST, THOMAS		2. IDENTIFICATION NUMBER 3128	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/23/1960
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2012 - 09/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.300
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.302
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.302
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.300
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.300
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.671 LDE : 2.678 SDE, WB : 2.684 SDE, ME : TEDE : 2.671	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03401		
1. NAME (LAST, FIRST, MIDDLE INITIAL) PARKER, CHRIS		2. IDENTIFICATION NUMBER 443820387	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/28/1973
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.415
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.428
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.424
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.415
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.415
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 9.638	
				LDE : 9.881	
				SDE, WB : 9.873	
				SDE, ME :	
				TEDE : 9.638	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY LANDAUER® Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03428		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CAVET, JACKIE		2. IDENTIFICATION NUMBER 433398480	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/30/1978
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (In rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.176
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.185
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.178
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.176
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.176
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 9.553	
				LDE : 9.613	
				SDE, WB : 9.527	
				SDE, ME :	
				TEDE : 9.553	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03432		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DAVOLOS, WASHINGTON		2. IDENTIFICATION NUMBER 122528851	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/04/1957
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.908
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.923
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.925
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.908
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.908
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 5.365 LDE : 5.427 SDE, WB : 5.432 SDE, ME : TEDE : 5.365	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03440			
1. NAME (LAST, FIRST, MIDDLE INITIAL) MALDONADO, TRAVIS		2. IDENTIFICATION NUMBER 446821718	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/13/1983	
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (ODE)	11. 0.321	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.323	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.323	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.321	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.321	
				19. COMMENTS		
				PERMANENT TO DATE (IN REM)		
				DDE : 1.652		
				LDE : 1.677		
				SDE, WB : 1.677		
				SDE, ME :		
				TEDE : 1.652		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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PREPARED BY

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER

58573

SUBACCOUNT

1261121

SERIES CODE

A

PARTICIPANT NUMBER

03444

1. NAME (LAST, FIRST, MIDDLE INITIAL)

MCCLAKSY, JOHN

2. IDENTIFICATION NUMBER

560982089

3. ID TYPE

SSN

4. SEX

☒ MALE☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)

07/14/1952

6. MONITORING PERIOD (MM/DD/YYYY)

01/01/2012 - 12/31/2012

7. LICENSEE NAME

MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.

☒ RECORD
☐ ESTIMATE

9B.

☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT

(DDE)

11. 1.128

LENS (EYE) DOSE EQUIVALENT

(LDE)

12. 1.141

SHALLOW DOSE EQUIVALENT,
WHOLE BODY

(SDE, WB)

13. 1.138

SHALLOW DOSE EQUIVALENT,
MAX EXTREMITY

(SDE, ME)

14.

COMMITTED EFFECTIVE DOSE
EQUIVALENT

(CEDE)

15.

COMMITTED DOSE EQUIVALENT,
MAXIMALLY EXPOSED ORGAN

(CDE)

16.

TOTAL EFFECTIVE DOSE EQUIVALENT
(ADD BLOCKS 11 AND 15)

(TEDE)

17. 1.128

TOTAL ORGAN DOSE EQUIVALENT
MAX ORGAN (ADD BLOCKS 11 AND 16)

(TODE)

18. 1.128

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 6.828

LDE : 6.877

SDE, WB : 6.690

SDE, ME :

TEDE : 6.828

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)

03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03455		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CURRIE, JOSH		2. IDENTIFICATION NUMBER 437619674	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/15/1983
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.710
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.717
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.719
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.710
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.710
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.750	
				LDE : 4.776	
				SDE, WB : 4.715	
				SDE, ME :	
				TEDE : 4.750	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03461		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ANGLIN, CHRISTOPHER		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.093
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.094
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.095
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.093
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.093
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.834 LDE : 1.839 SDE, WB : 1.781 SDE, ME : TEDE : 1.834	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03478		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CRIPPEN, RUTH ANN		2. IDENTIFICATION NUMBER 185646879	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/07/1969
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.849
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.856
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.853
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.849
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.849
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.967	
				LDE : 2.975	
				SDE, WB : 2.895	
				SDE, ME :	
				TEDE : 2.967	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03479		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CRIPPEN, ROGER		2. IDENTIFICATION NUMBER 185648021	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/13/1975
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.904
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.918
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.920
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.904
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.904
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 5.897 LDE : 6.025 SDE, WB : 6.044 SDE, ME : TEDE : 5.897	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03480			
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEHMAN, KELLY		2. IDENTIFICATION NUMBER 210567092	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/13/1976	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 0.360	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.365	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.370	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.360	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.360	
				19. COMMENTS		
				PERMANENT TO DATE (IN REM)		
				DDE : 2.991		
				LDE : 3.018		
				SDE, WB : 2.940		
				SDE, ME :		
				TEDE : 2.991		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03484		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOPSON, CHRIS		2. IDENTIFICATION NUMBER 509940407	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/23/1982
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.445
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.452
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.452
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.445
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.445
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.429	
				LDE : 4.450	
				SDE, WB : 4.307	
				SDE, ME :	
				TEDE : 4.429	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03486		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MILLER, ROGER		2. IDENTIFICATION NUMBER 447740751	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/03/1977
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.538
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.546
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.547
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.538
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.538
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.867	
				LDE : 3.895	
				SDE, WB : 3.852	
				SDE, ME :	
				TEDE : 3.867	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				LANDAUER® Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03490		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CONDREN, COLE		2. IDENTIFICATION NUMBER 441887500	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/06/1986
6. MONITORING PERIOD (MM/DD/YYYY) 11/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.166
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.169
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.169
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.166
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.166
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 3.694 LDE : 3.723 SDE, WB : 3.657 SDE, ME : TEDE : 3.694	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				LANDAUER® Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03494		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ARION, MATT		2. IDENTIFICATION NUMBER 443848122	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/20/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.331
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.334
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.334
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.331
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.331
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.004 LDE : 2.036 SDE, WB : 1.985 SDE, ME : TEDE : 2.004	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03502		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ANGELO, RYAN		2. IDENTIFICATION NUMBER 446948813	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/25/1988
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.200
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.203
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.203
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.200
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.200
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.002	
				LDE : 3.015	
				SDE, WB : 2.962	
				SDE, ME :	
				TEDE : 3.002	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY <div style="text-align: center; font-size: 1.2em; font-weight: bold;">LANDAUER®</div> Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03515		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SMITH, STEVEN R		2. IDENTIFICATION NUMBER 441881156	3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	5. DATE OF BIRTH (MM/DD/YYYY) 08/22/1986
				9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.884
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.891
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.889
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.884
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.884
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.851	
				LDE : 1.868	
				SDE, WB : 1.858	
				SDE, ME :	
				TEDE : 1.851	

20. SIGNATURE - LICENSEE	DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013
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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>					PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03523			
1. NAME (LAST, FIRST, MIDDLE INITIAL) WILHITE, RUSTY		2. IDENTIFICATION NUMBER 442940158	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/22/1976	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI			
				DEEP DOSE EQUIVALENT (DDE) 11. 0.033		
				LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.034		
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.033		
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.		
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.		
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.		
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.033		
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.033		
				19. COMMENTS		
				PERMANENT TO DATE (IN REM)		
				DDE : 2.509		
				LDE : 2.533		
				SDE, WB : 2.477		
				SDE, ME :		
				TEDE : 2.509		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)		21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03533		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ROBERT, BRENT		2. IDENTIFICATION NUMBER 444864550	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/18/1969
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.291
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.294
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.294
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.291
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.291
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 3.995 LDE : 4.006 SDE, WB : 3.870 SDE, ME : TEDE : 3.995	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03542		
1. NAME (LAST, FIRST, MIDDLE INITIAL) RAKESTRAW, CHAD S		2. IDENTIFICATION NUMBER 447801046	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/28/1971
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.407
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.412
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.413
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.407
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.407
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.441 LDE : 0.446 SDE, WB : 0.447 SDE, ME : TEDE : 0.441	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03544		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SPRINGER, JOSHUA		2. IDENTIFICATION NUMBER 270745710	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/07/1977
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.874
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.886
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.870
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.874
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.874
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 7.881	
				LDE : 8.027	
				SDE, WB : 8.034	
				SDE, ME :	
				TEDE : 7.881	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03550		
1. NAME (LAST, FIRST, MIDDLE INITIAL) PARDUE, BRUCE		2. IDENTIFICATION NUMBER 438353164	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/11/1977
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.476
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.482
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.483
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.476
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.476
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 7.579 LDE : 7.616 SDE, WB : 7.424 SDE, ME : TEDE : 7.579	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03551		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TAYLOR, ELIJAH		2. IDENTIFICATION NUMBER 443784536	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/01/1975
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012	7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.541
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.545
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.547
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.541
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.541
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.029	
				LDE : 3.048	
				SDE, WB : 2.998	
				SDE, ME :	
				TEDE : 3.029	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03552		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BLANK, WILLIAM		2. IDENTIFICATION NUMBER 448721809	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/29/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.505
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.514
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.517
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.505
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.505
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.842	
				LDE : 3.885	
				SDE, WB : 3.841	
				SDE, ME :	
				TEDE : 3.842	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03594		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BLAKE, DAVID		2. IDENTIFICATION NUMBER 448644413	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/11/1960
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.103
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.104
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.104
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.103
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.103
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.267	
				LDE : 1.268	
				SDE, WB : 1.284	
				SDE, ME :	
				TEDE : 1.267	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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LANDAUER®

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573SUBACCOUNT
1261121SERIES CODE
APARTICIPANT NUMBER
035971. NAME (LAST, FIRST, MIDDLE INITIAL)
TIMMERMAN, TERRY2. IDENTIFICATION NUMBER
1175204753. ID TYPE
SSN4. SEX
☒ MALE
☐ FEMALE5. DATE OF BIRTH (MM/DD/YYYY)
06/06/19596. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 04/30/20127. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.
☒ RECORD
☐ ESTIMATE9B.
☒ ROUTINE
☐ PSE**INTAKES****DOSES (in rem)**

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT (DDE) 11. 1.530

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 1.550

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 1.551

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 1.530

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 1.530

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 8.307

LDE : 8.376

SDE, WB : 8.261

SDE, ME :

TEDE : 8.307

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/04/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03600		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CAVET, BILLY J		2. IDENTIFICATION NUMBER 8850	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/29/1981
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.465
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.468
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.468
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.465
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.465
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 8.448	
				LDE : 8.552	
				SDE, WB : 8.514	
				SDE, ME :	
				TEDE : 8.448	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03611		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WILLOW, GUY		2. IDENTIFICATION NUMBER 172543132	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/15/1969
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.867
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.873
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.848
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.867
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.867
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 13.120	
				LDE : 13.169	
				SDE, WB : 12.944	
				SDE, ME :	
				TEDE : 13.120	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



A.T

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03615		
1. NAME (LAST, FIRST, MIDDLE INITIAL) EPPERSON, SHAWN		2. IDENTIFICATION NUMBER 545595964	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/15/1972
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN µCi		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.130
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.131
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.129
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.130
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.130
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.518 LDE : 2.523 SDE, WB : 2.460 SDE, ME : TEDE : 2.518	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

P.O

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03617		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEWIS, RUTH		2. IDENTIFICATION NUMBER 123482582	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/07/1957
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.444
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.448
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.451
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.444
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.444
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.843 LDE : 2.859 SDE, WB : 2.765 SDE, ME : TEDE : 2.843	

20. SIGNATURE - LICENSEE	DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03624		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ORESKE, PATRICK		2. IDENTIFICATION NUMBER 279903680	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/20/1980
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.108
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.113
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.077
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.108
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.108
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.441	
				LDE : 4.446	
				SDE, WB : 4.329	
				SDE, ME :	
				TEDE : 4.441	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03631		
1 NAME (LAST, FIRST, MIDDLE INITIAL) WATSON, PAULA		2 IDENTIFICATION NUMBER 316805474	3 ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5 DATE OF BIRTH (MM/DD/YYYY) 10/23/1961
6 MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES			DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μCi		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.792
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.809
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.810
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.792
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.792
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.353	
				LDE : 6.461	
				SDE, WB : 6.410	
				SDE, ME :	
				TEDE : 6.353	
20 SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03647		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ASHLEY, KENNY		2. IDENTIFICATION NUMBER 441740369	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/08/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.351
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.354
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.352
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.351
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.351
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 5.032	
				LDE : 5.059	
				SDE, WB : 4.972	
				SDE, ME :	
				TEDE : 5.032	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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ACCOUNT NUMBER
58573

SUBACCOUNT
1261121

SERIES CODE
A

PARTICIPANT NUMBER
03661

1. NAME (LAST, FIRST, MIDDLE INITIAL)
CROTEAU, WILLIAM

2. IDENTIFICATION NUMBER
444800553

3. ID TYPE
SSN

4. SEX ☒ MALE
☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
09/17/1977

6. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 11/30/2012

7. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A. ☒ RECORD
☐ ESTIMATE

9B. ☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μ CI

DEEP DOSE EQUIVALENT (DDE) 11. 1.360

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 1.374

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 1.374

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 1.360

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 1.360

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 4.786

LDE : 4.842

SDE, WB : 4.785

SDE, ME :

TEDE : 4.786

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
01/15/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03662		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MCGUIRE, BRAD		2. IDENTIFICATION NUMBER 441625874	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/12/1962
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012	7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.894
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.914
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.916
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.894
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.894
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.219	
				LDE : 6.253	
				SDE, WB : 6.197	
				SDE, ME :	
				TEDE : 6.219	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573

SUBACCOUNT
1261121

SERIES CODE
A

PARTICIPANT NUMBER
03665

1. NAME (LAST, FIRST, MIDDLE INITIAL)
JONES, JUSTIN

2. IDENTIFICATION NUMBER
509920220

3. ID TYPE
SSN

4. SEX
☒ MALE
☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
07/13/1986

6. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 11/30/2012

7. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.
☒ RECORD
☐ ESTIMATE

9B.
☒ ROUTINE
☐ PSE

INTAKES**DOSES (in rem)**

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μ Ci

DEEP DOSE EQUIVALENT (DDE) 11. 0.406

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.409

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.404

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.406

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.406

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 3.981

LDE : 3.983

SDE, WB : 3.861

SDE, ME :

TEDE : 3.981

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
01/15/2013

p0
1

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03671		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MASEK, NATHAN A		2. IDENTIFICATION NUMBER 299841159	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/24/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.150
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.163
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.167
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.150
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.150
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.388	
				LDE : 4.447	
				SDE, WB : 4.418	
				SDE, ME :	
				TEDE : 4.388	
20 SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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PREPARED BY

LANDAUER®

Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586
Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573

SUBACCOUNT
1261121

SERIES CODE
A

PARTICIPANT NUMBER
03682

1. NAME (LAST, FIRST, MIDDLE INITIAL)
DALE, JAROD

2. IDENTIFICATION NUMBER
600843497

3. ID TYPE
SSN

4. SEX ☒ MALE
☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
12/11/1989

6. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 11/30/2012

7. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A. ☒ RECORD
☐ ESTIMATE

9B. ☒ ROUTINE
☐ PSE

INTAKES

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μ Ci

DOSES (in rem)

DEEP DOSE EQUIVALENT (DDE) 11. 0.558

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.562

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.563

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.558

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.558

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 1.732

LDE : 1.736

SDE, WB : 1.698

SDE, ME :

TEDE : 1.732

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
01/15/2013

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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY <div style="text-align: center; font-size: 1.2em; font-weight: bold;">LANDAUER®</div> Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03683		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BELUNEK, JOHN		2. IDENTIFICATION NUMBER 458935527	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/24/1976
6. MONITORING PERIOD (MM/DD/YYYY) 03/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.962
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.972
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.973
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.962
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.962
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.613 LDE : 1.623 SDE, WB : 1.603 SDE, ME : TEDE : 1.613	

20. SIGNATURE - LICENSEE	DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013
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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03685		
1. NAME (LAST, FIRST, MIDDLE INITIAL) FOSTER, JOHN		2. IDENTIFICATION NUMBER 435471035	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/30/1966
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.843
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.866
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.864
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.843
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.843
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.445	
				LDE : 2.472	
				SDE, WB : 2.463	
				SDE, ME :	
				TEDE : 2.445	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03688		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOLLAND, RONNIE		2. IDENTIFICATION NUMBER 433066890	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/20/1957
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.696
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.702
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.705
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.696
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.696
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.659	
				LDE : 4.677	
				SDE, WB : 4.566	
				SDE, ME :	
				TEDE : 4.659	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03692		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HENRY, WILLIAM		2. IDENTIFICATION NUMBER 443904064	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.161
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.178
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.180
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.161
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.161
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 4.561 LDE : 4.622 SDE, WB : 4.589 SDE, ME : TEDE : 4.561	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03696		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOLLAND, JOSEPH		2. IDENTIFICATION NUMBER 433690126	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/26/1982
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.445
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.465
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.465
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.445
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.445
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.055 LDE : 8.175 SDE, WB : 8.233 SDE, ME : TEDE : 8.055	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



J. M.
NC TX

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03700		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BLAZIER, RONALD		2. IDENTIFICATION NUMBER 439969025	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/06/1956
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.013
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.014
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.014
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.013
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.013
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.094	
				LDE : 0.095	
				SDE, WB : 0.093	
				SDE, ME :	
				TEDE : 0.094	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>					PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03701			
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOLLIS, LOGAN		2. IDENTIFICATION NUMBER 438772030	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/12/1989	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 2.471	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.487	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.485	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.471	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.471	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.111 LDE : 8.168 SDE, WB : 8.127 SDE, ME : TEDE : 8.111		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>					PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03713			
1. NAME (LAST, FIRST, MIDDLE INITIAL) POFF, MICHAEL		2. IDENTIFICATION NUMBER 236808780	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/06/1951	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 0.053	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.054	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.054	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.053	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.053	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.088 LDE : 0.089 SDE, WB : 0.087 SDE, ME : TEDE : 0.088		
20. SIGNATURE LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03719		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TAYLOR, CHRIS M		2. IDENTIFICATION NUMBER 429732873	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/10/1984
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.446
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.466
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.465
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.446
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.446
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.551	
				LDE : 1.571	
				SDE, WB : 1.565	
				SDE, ME :	
				TEDE : 1.551	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573

SUBACCOUNT
1261121

SERIES CODE
A

PARTICIPANT NUMBER
03720

1. NAME (LAST, FIRST, MIDDLE INITIAL)
ROBINSON II, KEVIN L

2. IDENTIFICATION NUMBER
434833436

3. ID TYPE
SSN

4. SEX ☒ MALE
☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
09/17/1991

6. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 11/30/2012

7. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A. ☒ RECORD
☐ ESTIMATE

9B. ☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT (DDE) 11. 0.039

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.040

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.040

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.039

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.039

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 0.039

LDE : 0.040

SDE, WB : 0.040

SDE, ME :

TEDE : 0.039

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
01/15/2013

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03722		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WALL, JAN M		2. IDENTIFICATION NUMBER 439296185	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/26/1975
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.778
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.800
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.791
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.778
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.778
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.332	
				LDE : 6.502	
				SDE, WB : 6.453	
				SDE, ME :	
				TEDE : 6.332	
20. SIGNATURE - LICENSEE			DATE SIGNED (MM/DD/YYYY)		21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03724		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WALL, RYAN		2. IDENTIFICATION NUMBER 436797501	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/20/1990
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.227
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.249
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.251
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.227
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.227
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 5.715	
				LDE : 5.760	
				SDE, WB : 5.690	
				SDE, ME :	
				TEDE : 5.715	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY) 21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03727		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BARNETT, PARNELL		2. IDENTIFICATION NUMBER 407192181	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/26/1982
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.648
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.679
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.681
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.648
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.648
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 5.240	
				LDE : 5.277	
				SDE, WB : 5.226	
				SDE, ME :	
				TEDE : 5.240	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03729		
1. NAME (LAST, FIRST, MIDDLE INITIAL) VETTER, ZACHARY		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.556
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.561
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.563
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.556
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.556
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.481	
				LDE : 2.578	
				SDE, WB : 2.646	
				SDE, ME :	
				TEDE : 2.481	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03735		
1. NAME (LAST, FIRST, MIDDLE INITIAL) PRIEST, JEREMY		2. IDENTIFICATION NUMBER 432790150	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/16/1991
6. MONITORING PERIOD (MM/DD/YYYY) 08/01/2012 - 08/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.227
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.227
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.226
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.227
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.227
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.822 LDE : 0.822 SDE, WB : 0.797 SDE, ME : TEDE : 0.822	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03740		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TARVER, VAN		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.909
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.927
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.929
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.909
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.909
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 3.823 LDE : 3.882 SDE, WB : 3.869 SDE, ME : TEDE : 3.823	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03743		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DALE, JUSTIN		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 09/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.210
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.212
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.212
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.210
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.210
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.480 LDE : 1.509 SDE, WB : 1.519 SDE, ME : TEDE : 1.480	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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PREPARED BY

LANDAUER®

Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586
Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573

SUBACCOUNT
1261121

SERIES CODE
A

PARTICIPANT NUMBER
03751

1. NAME (LAST, FIRST, MIDDLE INITIAL)
DAVALOS, SAMUEL

2. IDENTIFICATION NUMBER
152926002

3. ID TYPE
SSN

4. SEX
☒ MALE
☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
12/19/1991

6. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 11/30/2012

7. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.
☒ RECORD
☐ ESTIMATE

9B.
☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.427
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.433
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.433
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.427
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.427
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.068 LDE : 1.075 SDE, WB : 1.051 SDE, ME : TEDE : 1.068	

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
01/17/2013

EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03752		
1. NAME (LAST, FIRST, MIDDLE INITIAL) EMERSON, MICAH		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.354
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.356
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.356
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.354
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.354
				19. COMMENTS PERMANENT TO DATE (IN REM)	
				DDE : 2.633	
				LDE : 2.669	
				SDE, WB : 2.673	
				SDE, ME :	
				TEDE : 2.633	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

INCEPTION DATE: 06/01/2010

58573

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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03763		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BERTRAND, WILLIAM D		2. IDENTIFICATION NUMBER 436479775	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/14/1967
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 05/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.367
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.380
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.381
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.367
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.367
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.458	
				LDE : 1.471	
				SDE, WB : 1.472	
				SDE, ME :	
				TEDE : 1.458	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03766		
1. NAME (LAST, FIRST, MIDDLE INITIAL) NOWICKI, AUSTIN		2. IDENTIFICATION NUMBER 4159	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/12/1988
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.834
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.859
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.861
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.834
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.834
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 3.300 LDE : 3.367 SDE, WB : 3.350 SDE, ME : TEDE : 3.300	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03767		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DONATHON, MIKE		2. IDENTIFICATION NUMBER 448586790	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/25/1956
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.829
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.835
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.834
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.829
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.829
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.219 LDE : 2.227 SDE, WB : 2.169 SDE, ME : TEDE : 2.219	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03768		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MENDEZ, GUSTAVO		2. IDENTIFICATION NUMBER 639149893	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/02/1990
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 02/29/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.147
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.161
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.161
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.147
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.147
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.764 LDE : 1.780 SDE, WB : 1.768 SDE, ME : TEDE : 1.764	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03770		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MARTIN, JAMES D		2. IDENTIFICATION NUMBER 640109070	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/14/1984
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.776
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.810
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.812
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.776
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.776
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.923	
				LDE : 3.985	
				SDE, WB : 4.014	
				SDE, ME :	
				TEDE : 3.923	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03772		
1. NAME (LAST, FIRST, MIDDLE INITIAL) EMPSON, DENNIS		2. IDENTIFICATION NUMBER 175603738	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/08/1966
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.305
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.312
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.300
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.305
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.305
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.618 LDE : 2.642 SDE, WB : 2.602 SDE, ME : TEDE : 2.618	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03774		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WATSON, RICHARD		2. IDENTIFICATION NUMBER 515547309	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/19/1951
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.493
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.500
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.497
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.493
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.493
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.301 LDE : 1.314 SDE, WB : 1.281 SDE, ME : TEDE : 1.301	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03777		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOLLAND, SCOTT		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/04/1986
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.847
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.857
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.860
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.847
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.847
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.389 LDE : 1.401 SDE, WB : 1.385 SDE, ME : TEDE : 1.389	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03784		
1. NAME (LAST, FIRST, MIDDLE INITIAL) GRAVES, JEFFERY		2. IDENTIFICATION NUMBER 438859287	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/23/1992
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.135
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.150
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.150
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.135
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.135
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.126	
				LDE : 3.163	
				SDE, WB : 3.187	
				SDE, ME :	
				TEDE : 3.126	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03786	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) COLLINS, MATTHEW		2. IDENTIFICATION NUMBER 300702844	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/06/1974
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.554
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.558
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.557
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.554
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.554
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.865	
				LDE : 0.874	
				SDE, WB : 0.890	
				SDE, ME :	
				TEDE : 0.865	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	
				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03789		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BURKHART, COLTON E		2. IDENTIFICATION NUMBER 272969139	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/03/1992
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.196
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.217
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.221
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CED _E)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.196
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.196
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.347	
				LDE : 3.374	
				SDE, WB : 3.350	
				SDE, ME :	
				TEDE : 3.347	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03790		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LUKETICH, BRIAN L		2. IDENTIFICATION NUMBER 207646489	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/25/1984
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.980
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.988
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.986
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.980
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.980
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.624	
				LDE : 1.663	
				SDE, WB : 1.704	
				SDE, ME :	
				TEDE : 1.624	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03791		
1. NAME (LAST, FIRST, MIDDLE INITIAL) FLETCHER, BOBBY R		2. IDENTIFICATION NUMBER 402451875	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/11/1992
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.367
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.381
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.384
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.367
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.367
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.474 LDE : 2.522 SDE, WB : 2.547 SDE, ME : TEDE : 2.474	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03796		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SHEPHERD, JERRY W		2. IDENTIFICATION NUMBER 448722178	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/03/1977
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.819
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.826
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.826
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.819
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.819
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.430 LDE : 1.455 SDE, WB : 1.444 SDE, ME : TEDE : 1.430	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03798	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOOVER, JOSH		2. IDENTIFICATION NUMBER 182647661	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/07/1978
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.382
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.408
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.411
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.382
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.382
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 3.235 LDE : 3.264 SDE, WB : 3.237 SDE, ME : TEDE : 3.235	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03799		
1. NAME (LAST FIRST, MIDDLE INITIAL) AUSTIN, MARCUS A		2. IDENTIFICATION NUMBER 436735453	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/31/1983
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.521
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.537
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.534
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.521
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.521
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.034 LDE : 2.052 SDE, WB : 2.038 SDE, ME : TEDE : 2.034	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03802		
1. NAME (LAST, FIRST, MIDDLE INITIAL) GONZALEZ, ALBERTO		2. IDENTIFICATION NUMBER 622017289	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/03/1963
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.484
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.491
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.491
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.484
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.484
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.562 LDE : 0.570 SDE, WB : 0.570 SDE, ME : TEDE : 0.562	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03803		
1. NAME (LAST, FIRST, MIDDLE INITIAL) NOTES, DUSTIN E		2. IDENTIFICATION NUMBER 640056494	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/08/1989
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.045
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.063
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.067
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.045
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.045
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.045	
				LDE : 2.063	
				SDE, WB : 2.067	
				SDE, ME :	
				TEDE : 2.045	
20. SIGNATURE - LICENSEE			DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03804		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ROSS, MARCUS R		2. IDENTIFICATION NUMBER 455338408	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/09/1975
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.185
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.199
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.201
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.185
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.185
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.522 LDE : 1.540 SDE, WB : 1.542 SDE, ME : TEDE : 1.522	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03805		
1. NAME (LAST, FIRST, MIDDLE INITIAL) FAIR, BRADLEY J		2. IDENTIFICATION NUMBER 645096759	3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. DATE OF BIRTH (MM/DD/YYYY) 05/16/1986		6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)
9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE		9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE			
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.121
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.139
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.140
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.121
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.121
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.121 LDE : 1.139 SDE, WB : 1.140 SDE, ME : TEDE : 1.121	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03806		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CARNER, KAMEN P		2. IDENTIFICATION NUMBER 459877670	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/29/1987
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.893
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.910
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.906
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.893
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.893
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.152 LDE : 2.169 SDE, WB : 2.159 SDE, ME : TEDE : 2.152	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03807		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BYRD, JOHN		2. IDENTIFICATION NUMBER 642011704	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/26/1978
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.584
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.592
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.593
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.584
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.584
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.584 LDE : 0.592 SDE, WB : 0.593 SDE, ME : TEDE : 0.584	
20 SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03809		
1. NAME (LAST, FIRST, MIDDLE INITIAL) COLLINSON, JAMES B		2. IDENTIFICATION NUMBER 438554225	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/20/1980
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.403
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.404
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.397
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.403
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.403
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.403 LDE : 0.404 SDE, WB : 0.397 SDE, ME : TEDE : 0.403	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				LANDAUER®	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03810	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) CHAVIS, JIMMY D		2. IDENTIFICATION NUMBER 593807733	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/06/1989
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.591
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.607
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.609
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.591
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.591
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.710	
				LDE : 1.728	
				SDE, WB : 1.730	
				SDE, ME :	
				TEDE : 1.710	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03812		
1. NAME (LAST, FIRST, MIDDLE INITIAL) NOVAS, MICHAEL		2. IDENTIFICATION NUMBER 4597	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/05/1993
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.381
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.383
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.373
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.381
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.381
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.381	
				LDE : 0.383	
				SDE, WB : 0.373	
				SDE, ME :	
				TEDE : 0.381	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03814		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DUCHESNE, KEITH		2. IDENTIFICATION NUMBER 1911	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/28/1991
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.134
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.145
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.148
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.134
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.134
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.569	
				LDE : 1.584	
				SDE, WB : 1.587	
				SDE, ME :	
				TEDE : 1.569	
20. SIGNATURE - LICENSEE			DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>					PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03815			
1. NAME (LAST FIRST MIDDLE INITIAL) STEVENS, EUGENE		2. IDENTIFICATION NUMBER 208622598	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/14/1968	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 1.083	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.089	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.089	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.083	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.083	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.451 LDE : 1.457 SDE, WB : 1.452 SDE, ME : TEDE : 1.451		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03816		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MURRAY, PHILLIP		2. IDENTIFICATION NUMBER 9549	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/06/1977
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.368
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.372
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.372
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.368
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.368
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.731 LDE : 0.739 SDE, WB : 0.739 SDE, ME : TEDE : 0.731	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03820		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CORNEJO, CARLOS A		2. IDENTIFICATION NUMBER 148920023	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/16/1992
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.771
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.774
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.772
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.771
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.771
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.771 LDE : 0.774 SDE, WB : 0.772 SDE, ME : TEDE : 0.771	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03822		
1. NAME (LAST FIRST MIDDLE INITIAL) WALTER, BROCK		2. IDENTIFICATION NUMBER 436637414	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/27/1977
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 04/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.063
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.065
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.065
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.063
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.063
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.063 LDE : 0.065 SDE, WB : 0.065 SDE, ME : TEDE : 0.063	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03826		
1. NAME (LAST, FIRST MIDDLE INITIAL) Powders, Amber	2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/08/1965	
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 11/30/2012	7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.442
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.447
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.447
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.442
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.442
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.549	
				LDE : 0.555	
				SDE, WB : 0.555	
				SDE, ME :	
				TEDE : 0.549	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03831		
1. NAME (LAST, FIRST, MIDDLE INITIAL) Crippen, Renee		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/21/1970
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.229
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.234
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.236
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.229
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.229
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.269 LDE : 0.275 SDE, WB : 0.277 SDE, ME : TEDE : 0.269	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03834		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DENMAN, ALAN D		2. IDENTIFICATION NUMBER 428658194	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/11/1988
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.403
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.406
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.406
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.403
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.403
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.403 LDE : 0.406 SDE, WB : 0.406 SDE, ME : TEDE : 0.403	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03835		
1. NAME (LAST FIRST MIDDLE INITIAL) GASPARD, JACQUES		2. IDENTIFICATION NUMBER 435773487	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/08/1979
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.701
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.705
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.692
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.701
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.701
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.701	
				LDE : 0.705	
				SDE, WB : 0.692	
				SDE, ME :	
				TEDE : 0.701	
20. SIGNATURE - LICENSEE			DATE SIGNED (MM/DD/YYYY)		21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03836		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SPILLERS, FORREST S		2. IDENTIFICATION NUMBER 439795498	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/19/1990
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.484
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.506
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.507
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.484
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.484
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.484	
				LDE : 1.506	
				SDE, WB : 1.507	
				SDE, ME :	
				TEDE : 1.484	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03838		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ROBINSON, DALTON		2. IDENTIFICATION NUMBER 300968807	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/12/1994
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.712
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.721
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.723
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.712
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.712
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.833	
				LDE : 0.844	
				SDE, WB : 0.846	
				SDE, ME :	
				TEDE : 0.833	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03839		
1. NAME (LAST, FIRST, MIDDLE INITIAL) Lehman, Samuel		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.202
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.203
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.203
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.202
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.202
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.202 LDE : 0.203 SDE, WB : 0.203 SDE, ME : TEDE : 0.202	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03840		
1. NAME (LAST, FIRST, MIDDLE (INITIAL)) TIPTON, BRIAN		2. IDENTIFICATION NUMBER 269904820	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/24/1983
6. MONITORING PERIOD (MM/DD/YYYY) 07/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.441
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.443
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.430
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.441
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.441
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.526 LDE : 0.529 SDE, WB : 0.517 SDE, ME : TEDE : 0.526	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/04/2013	



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03897		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEHMAN, SAMUEL		2. IDENTIFICATION NUMBER 3326	3. ID TYPE OTH	4. SFX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/25/1957
6. MONITORING PERIOD (MM/DD/YYYY) 10/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.415
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.418
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.419
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.415
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.415
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.415 LDE : 0.418 SDE, WB : 0.419 SDE, ME : TEDE : 0.415	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/04/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03873		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MOFFETT, CHAD M		2. IDENTIFICATION NUMBER 7960	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/14/1985
6. MONITORING PERIOD (MM/DD/YYYY) 10/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11.
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.
<div style="font-size: 1.1em;">Please add the 0.135 from your Alara Recap Annual Report in Nov + 0.051 from 3893A</div>				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17.
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18.
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE :	
				LDE :	
				SDE, WB :	
				SDE, ME :	
				TEDE :	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

INCEPTION DATE: 10/01/2012

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PAGE 1

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261121	SERIES CODE A	PARTICIPANT NUMBER 03875		
1. NAME (LAST, FIRST, MIDDLE INITIAL) Hicks, Charles		2. IDENTIFICATION NUMBER 3835	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/15/1989
6. MONITORING PERIOD (MM/DD/YYYY) 08/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11.
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17.
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18.
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : LDE : SDE, WB : SDE, ME : TEDE :	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 00798			
1. NAME (LAST, FIRST, MIDDLE INITIAL) HEAD JR, R D		2. IDENTIFICATION NUMBER 435061737	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/18/1970	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11.	0.734
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.	0.740
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.	0.737
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17.	0.734
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18.	0.734
				19. COMMENTS		
				PERMANENT TO DATE (IN REM)		
				DDE : 25.035		
				LDE : 25.081		
				SDE, WB : 24.998		
				SDE, ME :		
				TEDE : 25.035		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)		21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 01079	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HEAD, CLINT		2. IDENTIFICATION NUMBER 457692363	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/08/1973	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)		9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11.	0.177
				LENS (EYE) DOSE EQUIVALENT (LDE)	12.	0.178
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.	0.180
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17.	0.177
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18.	0.177
				19. COMMENTS		
				PERMANENT TO DATE (IN REM)		
				DDE : 28.408		
				LDE : 28.439		
				SDE, WB : 28.338		
				SDE, ME :		
				TEDE : 28.408		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013	



TX

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 01226		
1. NAME (LAST, FIRST, MIDDLE INITIAL) EMBRY, JOSEPH		2. IDENTIFICATION NUMBER 2770	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/05/1974
6. MONITORING PERIOD (MM/DD/YYYY) 06/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.609
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.614
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.617
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.609
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.609
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 21.199 LDE : 21.280 SDE, WB : 21.167 SDE, ME : TEDE : 21.199	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03190		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEE, DAVID		2. IDENTIFICATION NUMBER 9772	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/28/1961
6. MONITORING PERIOD (MM/DD/YYYY) 03/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.704
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.715
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.717
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.704
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.704
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 9.367 LDE : 9.430 SDE, WB : 9.230 SDE, ME : TEDE : 9.367	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03208		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ARD, JOE		2. IDENTIFICATION NUMBER 456961319	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/23/1972
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.519
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.535
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.540
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.519
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.519
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 13.552 LDE : 13.658 SDE, WB : 13.340 SDE, ME : TEDE : 13.552	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03352		
1. NAME (LAST, FIRST, MIDDLE INITIAL) GATHRIGHT, JESSE		2. IDENTIFICATION NUMBER 433029262	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/16/1957
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.851
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.860
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.861
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.851
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.851
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 12.123 LDE : 12.184 SDE, WB : 11.901 SDE, ME : TEDE : 12.123	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03362		
1. NAME (LAST, FIRST, MIDDLE INITIAL) NOVAS, ROBERT		2. IDENTIFICATION NUMBER 525173476	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/23/1956
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.276
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.279
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.282
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.276
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.276
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.747	
				LDE : 1.760	
				SDE, WB : 1.730	
				SDE, ME :	
				TEDE : 1.747	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03458		
1. NAME (LAST FIRST, MIDDLE INITIAL) GIRON, MANUEL		2. IDENTIFICATION NUMBER 627126372	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/28/1971
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.971
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.981
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.985
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.971
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.971
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 5.061	
				LDE : 5.101	
				SDE, WB : 5.023	
				SDE, ME :	
				TEDE : 5.061	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03474		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CUNNINGHAM IV, JAMES		2. IDENTIFICATION NUMBER 8855	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/05/1986
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.212
				LENS (EYE) DOSE EQUIVALENT (LOE)	12. 2.216
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.217
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.212
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.212
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.677 LDE : 8.717 SDE, WB : 8.647 SDE, ME : TEDE : 8.677	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03509		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MARSHALL, RAYMOND		2. IDENTIFICATION NUMBER 645011465	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/07/1987
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.058
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.082
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.082
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.058
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.058
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 8.112	
				LDE : 8.185	
				SDE, WB : 8.134	
				SDE, ME :	
				TEDE : 8.112	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03568		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ASHBY, ZACK		2. IDENTIFICATION NUMBER 634017971	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/12/1986
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (In rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.171
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.183
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.186
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.171
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.171
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 6.932 LDE : 7.002 SDE, WB : 6.902 SDE, ME : TEDE : 6.932	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03607		
1. NAME (LAST, FIRST, MIDDLE INITIAL) PAGE, DEREK		2. IDENTIFICATION NUMBER 433391061	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/06/1979
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.998
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.009
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.002
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.998
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.998
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 5.519	
				LDE : 5.540	
				SDE, WB : 5.425	
				SDE, ME :	
				TEDE : 5.519	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03684		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WALLER, JUSTIN		2. IDENTIFICATION NUMBER 634126729	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/16/1989
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.913
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.931
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.935
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.913
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.913
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 6.065 LDE : 6.125 SDE, WB : 6.120 SDE, ME : TEDE : 6.065	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03745		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CUNNINGHAM, JAMES III		2. IDENTIFICATION NUMBER 462214541	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/02/1957
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.181
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.190
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.191
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.181
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.181
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.060	
				LDE : 4.093	
				SDE, WB : 4.078	
				SDE, ME :	
				TEDE : 4.060	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



T J.P

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03763		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BERTRAND, WILLIAM		2. IDENTIFICATION NUMBER 9775	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/14/1967
6. MONITORING PERIOD (MM/DD/YYYY) 03/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.584
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.598
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.595
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.584
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.584
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.675 LDE : 1.689 SDE, WB : 1.686 SDE, ME : TEDE : 1.675	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03768		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MENDEZ, GUSTAVO		2. IDENTIFICATION NUMBER 639149893	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/02/1990
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.147
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.161
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.161
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.147
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.147
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				ODE : 1.764	
				LDE : 1.780	
				SDE, WB : 1.768	
				SDE, ME :	
				TEDE : 1.764	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">LANDAUER®</div>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03803	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) MOTES, DUSTIN E		2. IDENTIFICATION NUMBER 640056494	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/08/1989
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci	DEEP DOSE EQUIVALENT (DDE)	11. 2.045
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.063
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.067
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.045
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.045
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.045 LDE : 2.063 SDE, WB : 2.067 SDE, ME : TEDE : 2.045	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03804		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ROSS, MARCUS R		2. IDENTIFICATION NUMBER 455338408	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/09/1975
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.185
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.199
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.201
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.185
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.185
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.522	
				LDE : 1.540	
				SDE, WB : 1.542	
				SDE, ME :	
				TEDE : 1.522	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03805		
1. NAME (LAST, FIRST, MIDDLE INITIAL) FAIR, BRADLEY J		2. IDENTIFICATION NUMBER 645096759	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/16/1986
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.121
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.139
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.140
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.121
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.121
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.121	
				LDE : 1.139	
				SDE, WB : 1.140	
				SDE, ME :	
				TEDE : 1.121	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03806	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) CARNER, KAMEN P		2. IDENTIFICATION NUMBER 459877670		3. ID TYPE SSN	
				4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
				5. DATE OF BIRTH (MM/DD/YYYY) 07/29/1987	
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	
				9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.893
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.910
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.906
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.893
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.893
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.152 LDE : 2.169 SDE, WB : 2.159 SDE, ME : TEDE : 2.152	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/06/2013	



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03807		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BYRD, JOHN		2. IDENTIFICATION NUMBER 1704	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/26/1987
6. MONITORING PERIOD (MM/DD/YYYY) 02/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.584
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.592
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.593
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.584
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.584
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.584 LDE : 0.592 SDE, WB : 0.593 SDE, ME : TEDE : 0.584	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573

SUBACCOUNT
1261122

SERIES CODE
C

PARTICIPANT NUMBER
03818

1. NAME (LAST, FIRST, MIDDLE INITIAL)
MARTINEZ, CHRISTIAN

2. IDENTIFICATION NUMBER
429775650

3. ID TYPE
SSN

4. SEX ☒ MALE
☐ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
12/05/1986

6. MONITORING PERIOD (MM/DD/YYYY)
12/01/2012 - 12/31/2012

7. LICENSEE NAME
MONRCE X-RAY CO

8. LICENSE NUMBER(S)

9A. ☒ RECORD
☐ ESTIMATE

9B. ☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT (DDE) 11. 0.347

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.348

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.348

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.347

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.347

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 0.407

LDE : 0.409

SDE, WB : 0.409

SDE, ME :

TEDE : 0.407

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
04/22/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>					PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03829			
1. NAME (LAST, FIRST, MIDDLE INITIAL) CALIP, KENNETH D		2. IDENTIFICATION NUMBER 6206	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/24/1986	
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
				DEEP DOSE EQUIVALENT (DDE)	11. 0.238	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.239	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.239	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.238	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.238	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.478 LDE : 0.483 SDE, WB : 0.483 SDE, ME : TEDE : 0.478		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261122	SERIES CODE C	PARTICIPANT NUMBER 03830		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CARNER, KEATON		2. IDENTIFICATION NUMBER 636223628	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/15/1991
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2012 - 09/30/2012	7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.709
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.711
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.711
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.709
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.709
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.709 LDE : 0.711 SDE, WB : 0.711 SDE, ME : TEDE : 0.709	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/08/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 01326		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SCARBOROUGH, JASON		2. IDENTIFICATION NUMBER 434392792	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/02/1972
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.504
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.509
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.513
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.504
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.504
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 20.455 LDE : 20.519 SDE, WB : 20.341 SDE, ME : TEDE : 20.455	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 01329		
1. NAME (LAST FIRST, MIDDLE INITIAL) SCARBOROUGH, PAUL		2. IDENTIFICATION NUMBER 434394864	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/05/1970
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.869
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.879
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.882
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.869
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.869
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 29.037 LDE : 29.133 SDE, WB : 29.161 SDE, ME : TEDE : 29.037	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 01496		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DURST, LARRY		2. IDENTIFICATION NUMBER 213806810	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/10/1960
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.517
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.526
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.529
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.517
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.517
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 10.795 LDE : 10.818 SDE, WB : 10.548 SDE, ME : TEDE : 10.795	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 01589		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SCARBOROUGH, SEAN		2. IDENTIFICATION NUMBER 434394113	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.157
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.169
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.172
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.157
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.157
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 9.971	
				LDE : 10.016	
				SDE, WB : 9.866	
				SDE, ME :	
				TEDE : 9.971	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013

INCEPTION DATE: 10/01/2001

58573



PAGE 1

 NC, KY
 PA, OH

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03059		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SCARBOROUGH, JEANETTE		2. IDENTIFICATION NUMBER 435376086	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/31/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.070
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.071
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.073
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.070
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.070
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.458 LDE : 2.455 SDE, WB : 2.430 SDE, ME : TEDE : 2.458	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03136		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEWIS, ELWOOD		2. IDENTIFICATION NUMBER 204642420	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/24/1978
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.849
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.860
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.863
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.849
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.849
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.962	
				LDE : 7.009	
				SDE, WB : 6.885	
				SDE, ME :	
				TEDE : 6.962	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03144	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) SCARBOROUGH, JAMIE		2. IDENTIFICATION NUMBER 1118	3. ID TYPE OTH	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/09/1992
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.719
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.727
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.731
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.719
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.719
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.458 LDE : 1.474 SDE, WB : 1.467 SDE, ME : TEDE : 1.458	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03224		
1. NAME (LAST, FIRST, MIDDLE INITIAL) VETTER, ROBERT		2. IDENTIFICATION NUMBER 211563062	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/10/1969
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.051
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.060
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.054
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.051
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.051
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.991 LDE : 9.040 SDE, WB : 8.904 SDE, ME : TEDE : 8.991	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03387		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEWIS SR, ELWOOD		2. IDENTIFICATION NUMBER 10548089	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/10/1952
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.386
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.402
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.403
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.386
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.386
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 10.439	
				LDE : 10.499	
				SDE, WB : 10.210	
				SDE, ME :	
				TEDE : 10.439	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03432		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DAVOLOS, WASHINGTON		2. IDENTIFICATION NUMBER 122528851	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/04/1957
6. MONITORING PERIOD (MM/DD/YYYY) 12/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.908
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.923
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.925
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.908
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.908
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 5.365	
				LDE : 5.427	
				SDE, WB : 5.432	
				SDE, ME :	
				TEDE : 5.365	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03478		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CRIPPEN, RUTH ANN		2. IDENTIFICATION NUMBER 185646879	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/07/1969
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.849
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.856
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.853
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.849
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.849
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.967 LDE : 2.975 SDE, WB : 2.895 SDE, ME : TEDE : 2.967	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03479		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CRIPPEN, ROGER		2. IDENTIFICATION NUMBER 185648021	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 01/13/1975
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.904
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.918
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.920
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.904
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.904
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 5.897 LDE : 6.025 SDE, WB : 6.044 SDE, ME : TEDE : 5.897	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03480		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEHMAN, KELLY		2. IDENTIFICATION NUMBER 210567092	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/13/1976
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.360
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.365
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.370
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.360
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.360
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.991 LDE : 3.018 SDE, WB : 2.940 SDE, ME : TEDE : 2.991	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/05/2013	



EQUIVALENT FORM 5 - ANNUAL

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<small>ACCOUNT NUMBER</small> 58573	<small>SUBACCOUNT</small> 1261118	<small>SERIES CODE</small> D	<small>PARTICIPANT NUMBER</small> 03484		
<small>1. NAME (LAST, FIRST, MIDDLE INITIAL)</small> HOPSON, CHRIS		<small>2. IDENTIFICATION NUMBER</small> 509940407	<small>3. ID TYPE</small> SSN	<small>4. SEX</small> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<small>5. DATE OF BIRTH (MM/DD/YYYY)</small> 03/23/1982
<small>6. MONITORING PERIOD (MM/DD/YYYY)</small> 05/01/2012 - 12/31/2012		<small>7. LICENSEE NAME</small> MONROE X-RAY CO		<small>8. LICENSE NUMBER(S)</small>	<small>9A.</small> <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <small>9B.</small> <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
<small>10A. RADIONUCLIDE</small>	<small>10B. CLASS</small>	<small>10C. MODE</small>	<small>10D. INTAKE IN µCi</small>		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.445
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.452
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.452
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.445
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.445
				<small>19. COMMENTS</small> PERMANENT TO DATE (IN REM) DDE : 4.429 LDE : 4.450 SDE, WB : 4.307 SDE, ME : TEDE : 4.429	
<small>20. SIGNATURE - LICENSEE</small>				<small>DATE SIGNED (MM/DD/YYYY)</small>	<small>21. DATE PREPARED (MM/DD/YYYY)</small> 03/05/2013



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EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03570		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LAWSON, PHILIP		2. IDENTIFICATION NUMBER 401270877	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/24/1985
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.493
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.501
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.506
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.493
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.493
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 6.351	
				LDE : 6.385	
				SDE, WB : 6.271	
				SDE, ME :	
				TEDE : 6.351	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03572		
1. NAME (LAST, FIRST, MIDDLE INITIAL) PALMATIER, JOSH		2. IDENTIFICATION NUMBER 170565746	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/11/1972
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.763
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.771
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.773
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.763
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.763
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 4.445 LDE : 4.495 SDE, WB : 4.444 SDE, ME : TEDE : 4.445	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03597		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TIMMERMAN, TERRY		2. IDENTIFICATION NUMBER 117520475	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/06/1959
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.530
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.550
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.551
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.530
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.530
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 8.307 LDE : 8.376 SDE, WB : 8.261 SDE, ME : TEDE : 8.307	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03611		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WILLOW, GUY		2. IDENTIFICATION NUMBER 172543132	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/15/1969
6. MONITORING PERIOD (MM/DD/YYYY) 04/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.867
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.873
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.848
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.867
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.867
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 13.120 LDE : 13.169 SDE, WB : 12.944 SDE, ME : TEDE : 13.120	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03617	Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) LEWIS, RUTH		2. IDENTIFICATION NUMBER 123482582	3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/07/1957
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.444
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.448
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.451
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.444
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.444
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.843 LDE : 2.859 SDE, WB : 2.765 SDE, ME : TEDE : 2.843	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 03/05/2013	



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03624		
1. NAME (LAST, FIRST, MIDDLE INITIAL) ORESKE, PATRICK		2. IDENTIFICATION NUMBER 279903680	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/20/1980
6. MONITORING PERIOD (MM/DD/YYYY) 04/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.108
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.113
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.077
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.108
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.108
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 4.441	
				LDE : 4.446	
				SDE, WB : 4.329	
				SDE, ME :	
				TEDE : 4.441	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013

INCEPTION DATE: 07/01/2008

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EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03671		
1. NAME (LAST, FIRST, MIDDLE INITIAL) MASEK, NATHAN A		2. IDENTIFICATION NUMBER 299841159	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/24/1976
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.150
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.163
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.167
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.150
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.150
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 4.388 LDE : 4.447 SDE, WB : 4.418 SDE, ME : TEDE : 4.388	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03729		
1. NAME (LAST, FIRST, MIDDLE INITIAL) VETTER, ZACHARY		2. IDENTIFICATION NUMBER	3. ID TYPE	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.556
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.561
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.563
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.556
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.556
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.481	
				LDE : 2.578	
				SDE, WB : 2.646	
				SDE, ME :	
				TEDE : 2.481	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03772		
1. NAME (LAST, FIRST, MIDDLE INITIAL) EMPSON, DENNIS		2. IDENTIFICATION NUMBER 175603738	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/08/1966
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.305
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.312
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.300
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.305
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.305
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.618 LDE : 2.642 SDE, WB : 2.602 SDE, ME : TEDE : 2.618	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03786		
1. NAME (LAST, FIRST, MIDDLE INITIAL) COLLINS, MATTHEW		2. IDENTIFICATION NUMBER 300702844	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/06/1974
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.554
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.558
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.557
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.554
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.554
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.865 LDE : 0.874 SDE, WB : 0.890 SDE, ME : TEDE : 0.865	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03789		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BURKHART, COLTON E		2. IDENTIFICATION NUMBER 272969139	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 11/03/1992
6. MONITORING PERIOD (MM/DD/YYYY) 04/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
					9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.196
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.217
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.221
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.196
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.196
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 3.347	
				LDE : 3.374	
				SDE, WB : 3.350	
				SDE, ME :	
				TEDE : 3.347	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03791		
1. NAME (LAST, FIRST, MIDDLE INITIAL) FLETCHER, BOBBY R		2. IDENTIFICATION NUMBER 402451875	3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. DATE OF BIRTH (MM/DD/YYYY) 11/11/1992		6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)
9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE		9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE			
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.367
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.381
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.384
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.367
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.367
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.474 LDE : 2.522 SDE, WB : 2.547 SDE, ME : TEDE : 2.474	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03792		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BUTTERBAUGH, JOE		2. IDENTIFICATION NUMBER 4106	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/24/1992
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.591
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.608
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.607
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.591
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.591
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 2.063 LDE : 2.086 SDE, WB : 2.085 SDE, ME : TEDE : 2.063	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03793		
1. NAME (LAST, FIRST, MIDDLE INITIAL) Willow, Dylan		2. IDENTIFICATION NUMBER 3132	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/15/1969
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.077
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.088
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.078
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.077
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.077
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 2.772	
				LDE : 2.783	
				SDE, WB : 2.754	
				SDE, ME :	
				TEDE : 2.772	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03798		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOOVER, JOSH		2. IDENTIFICATION NUMBER 182647661	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/07/1978
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN µCi		
				DEEP DOSE EQUIVALENT (DDE)	11. 2.382
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 2.408
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 2.411
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 2.382
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 2.382
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 3.235 LDE : 3.264 SDE, WB : 3.237 SDE, ME : TEDE : 3.235	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/05/2013



EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03812		
1. NAME (LAST, FIRST, MIDDLE INITIAL) NOVAS, MICHAEL		2. IDENTIFICATION NUMBER 040926597	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/05/1993
6. MONITORING PERIOD (MM/DD/YYYY) 10/01/2012 - 11/30/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.381
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.383
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.373
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.381
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.381
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.381 LDE : 0.383 SDE, WB : 0.373 SDE, ME : TEDE : 0.381	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 01/15/2013

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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03817		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DRANE, PATRICK		2. IDENTIFICATION NUMBER 256698000	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/18/1988
6. MONITORING PERIOD (MM/DD/YYYY) 10/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.621
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.630
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.632
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.621
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.621
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.791 LDE : 0.802 SDE, WB : 0.804 SDE, ME : TEDE : 0.791	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/22/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03819		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BRUMBLY, ADAM		2. IDENTIFICATION NUMBER 2071	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 07/09/1987
6. MONITORING PERIOD (MM/DD/YYYY) 10/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.734
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.742
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.744
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.734
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.734
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.889 LDE : 0.898 SDE, WB : 0.900 SDE, ME : TEDE : 0.889	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03820		
1. NAME (LAST, FIRST, MIDDLE INITIAL) CORNEGO, CARLOS A		2. IDENTIFICATION NUMBER 0023	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/16/1992
6. MONITORING PERIOD (MM/DD/YYYY) 08/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.794
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.797
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.795
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.794
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.794
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.794 LDE : 0.797 SDE, WB : 0.795 SDE, ME : TEDE : 0.794	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

EQUIVALENT FORM 5 - TERMINATION

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY LANDAUER® <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261118	SERIES CODE D	PARTICIPANT NUMBER 03867		
1. NAME (LAST, FIRST, MIDDLE INITIAL) Martinez, Christian		2. IDENTIFICATION NUMBER 429775650	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/05/1986
6. MONITORING PERIOD (MM/DD/YYYY) 09/01/2012 - 10/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.172
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.171
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.171
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.172
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.172
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 0.172	
				LDE : 0.171	
				SDE, WB : 0.171	
				SDE, ME :	
				TEDE : 0.172	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 12/27/2012

INCEPTION DATE: 10/01/2012

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PAGE 1

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261120	SERIES CODE E	PARTICIPANT NUMBER 01026		
1. NAME (LAST, FIRST, MIDDLE INITIAL) SANDERS, MICKY		2. IDENTIFICATION NUMBER 587940468	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 09/24/1955
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.899
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.907
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.904
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.899
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.899
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 20.741 LDE : 20.816 SDE, WB : 20.584 SDE, ME : TEDE : 20.741	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD <small>This form is for use in place of certain reports required by NRC licensees, OSHA and state regulations. It reflects data provided to or by your account and contains information for NRC Form 5 and other equivalent forms.</small>				PREPARED BY <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">LANDAUER®</div> <small>Landauer, Inc., 2 Science Road, Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016</small>	
ACCOUNT NUMBER 58573	SUBACCOUNT 1261120	SERIES CODE E	PARTICIPANT NUMBER 01074		
1. NAME (LAST, FIRST, MIDDLE INITIAL) BUTLER, DAVEY		2. IDENTIFICATION NUMBER 427927646	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 04/25/1955
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.177
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.186
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.171
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.177
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.177
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 18.661	
				LDE : 18.698	
				SDE, WB : 18.405	
				SDE, ME :	
				TEDE : 18.661	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261120	SERIES CODE E	PARTICIPANT NUMBER 03837		
1. NAME (LAST, FIRST, MIDDLE INITIAL) HUGHES, MICHAEL		2. IDENTIFICATION NUMBER 8902	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 05/10/1969
6. MONITORING PERIOD (MM/DD/YYYY) 10/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.261
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.265
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.265
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.261
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.261
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 0.377 LDE : 0.381 SDE, WB : 0.376 SDE, ME : TEDE : 0.377	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573

SUBACCOUNT
1261119

SERIES CODE
F

PARTICIPANT NUMBER
03001

1. NAME (LAST, FIRST, MIDDLE INITIAL)
VANEK-BURRINGTON, WM

2. IDENTIFICATION NUMBER
505193603

3. ID TYPE
SSN

4. SEX ☐ MALE
☒ FEMALE

5. DATE OF BIRTH (MM/DD/YYYY)
06/11/1975

6. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 12/31/2012

7. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A. ☒ RECORD
☐ ESTIMATE

9B. ☒ ROUTINE
☐ PSE

INTAKES

DOSES (in rem)

10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.103
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.104
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.105
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.103
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.103
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE	: 2.798
				LDE	: 2.801
				SDE, WB	: 2.719
				SDE, ME	:
				TEDE	: 2.798

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/06/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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PREPARED BY

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Telephone: (708) 755-7000 Facsimile: (708) 755-7016

ACCOUNT NUMBER
58573SUBACCOUNT
1261119SERIES CODE
FPARTICIPANT NUMBER
030021. NAME (LAST, FIRST, MIDDLE INITIAL)
AUSTIN, JULIE2. IDENTIFICATION NUMBER
5200236033. ID TYPE
SSN4. SEX
☐ MALE
☒ FEMALE5. DATE OF BIRTH (MM/DD/YYYY)
03/09/19696. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 12/31/20127. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.
☒ RECORD
☐ ESTIMATE9B.
☒ ROUTINE
☐ PSE**INTAKES****DOSES (in rem)**

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT (DDE) 11. 0.021

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.022

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.022

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.021

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.021

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 0.459

LDE : 0.474

SDE, WB : 0.485

SDE, ME :

TEDE : 0.459

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/06/2013

EQUIVALENT FORM 5 - ANNUAL

OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				PREPARED BY	
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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03006		
1. NAME (LAST, FIRST, MIDDLE INITIAL) DUSTIN, SHANE		2. IDENTIFICATION NUMBER 518986275	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 12/21/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.309
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.327
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.331
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.309
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.309
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 12.132 LDE : 12.142 SDE, WB : 12.048 SDE, ME : TEDE : 12.132	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013


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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03007		
1. NAME (LAST, FIRST, MIDDLE INITIAL) GAARSLAND, B W		2. IDENTIFICATION NUMBER 518864537	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/19/1969
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.462
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.468
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.462
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.462
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.462
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 9.402	
				LDE : 9.414	
				SDE, WB : 9.174	
				SDE, ME :	
				TEDE : 9.402	
20. SIGNATURE LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03011		
1. NAME (LAST, FIRST, MIDDLE INITIAL) LATIMER, BRANDON		2. IDENTIFICATION NUMBER 519131579	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 06/01/1976
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.957
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.968
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.957
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.957
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.957
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 9.963 LDE : 9.967 SDE, WB : 9.813 SDE, ME : TEDE : 9.963	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD

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PREPARED BY

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ACCOUNT NUMBER
58573SUBACCOUNT
1261119SERIES CODE
FPARTICIPANT NUMBER
030151. NAME (LAST, FIRST, MIDDLE INITIAL)
RUSSELL, CORY2. IDENTIFICATION NUMBER
5192151743. ID TYPE
SSN4. SEX
☒ MALE
☐ FEMALE5. DATE OF BIRTH (MM/DD/YYYY)
01/02/19816. MONITORING PERIOD (MM/DD/YYYY)
01/01/2012 - 12/31/20127. LICENSEE NAME
MONROE X-RAY CO

8. LICENSE NUMBER(S)

9A.
☒ RECORD
☐ ESTIMATE9B.
☒ ROUTINE
☐ PSE**INTAKES****DOSES (in rem)**

10A. RADIONUCLIDE

10B. CLASS

10C. MODE

10D. INTAKE IN μCi

DEEP DOSE EQUIVALENT (DDE) 11. 0.016

LENS (EYE) DOSE EQUIVALENT (LDE) 12. 0.017

SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. 0.017

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14.

COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15.

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16.

TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE) 17. 0.016

TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE) 18. 0.016

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 4.269

LDE : 4.244

SDE, WB : 4.207

SDE, ME :

TEDE : 4.269

20. SIGNATURE - LICENSEE

DATE SIGNED (MM/DD/YYYY)

21. DATE PREPARED (MM/DD/YYYY)
03/06/2013

ND

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03284		
1. NAME (LAST, FIRST, MIDDLE INITIAL) WARDEN, ERWIN		2. IDENTIFICATION NUMBER 519067330	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 03/27/1968
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE 9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.861
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.886
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.886
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.861
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.861
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 7.797 LDE : 7.919 SDE, WB : 7.811 SDE, ME : TEDE : 7.797	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03483			
1. NAME (LAST, FIRST, MIDDLE INITIAL) VIRAMONTES, DAVID		2. IDENTIFICATION NUMBER 3900	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 08/20/1971	
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO		8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	
				9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)		
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN µCi			
				DEEP DOSE EQUIVALENT (DDE)	11. 1.789	
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.810	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.809	
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.	
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.	
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.	
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.789	
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.789	
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 6.883 LDE : 6.929 SDE, WB : 6.784 SDE, ME : TEDE : 6.883		
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	

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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03693		
1. NAME (LAST, FIRST, MIDDLE INITIAL) JESTER, IAN A		2. IDENTIFICATION NUMBER 133745719	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 02/14/1984
6. MONITORING PERIOD (MM/DD/YYYY) 05/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
				DEEP DOSE EQUIVALENT (DDE)	11. 1.112
- .003	from	3693 F		LENS (EYE) DOSE EQUIVALENT (LDE)	12. 1.124
add .003	to	3694 F		SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 1.126
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 1.112
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 1.112
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
				DDE : 1.157	
				LDE : 1.170	
				SDE, WB : 1.172	
				SDE, ME :	
				TEDE : 1.157	
20. SIGNATURE - LICENSEE				DATE SIGNED (MM/DD/YYYY)	21. DATE PREPARED (MM/DD/YYYY) 03/06/2013



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ACCOUNT NUMBER 58573	SUBACCOUNT 1261119	SERIES CODE F	PARTICIPANT NUMBER 03694		
1. NAME (LAST, FIRST, MIDDLE INITIAL) NELSON, BLAKE		2. IDENTIFICATION NUMBER 1111	3. ID TYPE OTH	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH (MM/DD/YYYY) 10/31/1987
6. MONITORING PERIOD (MM/DD/YYYY) 01/01/2012 - 12/31/2012		7. LICENSEE NAME MONROE X-RAY CO	8. LICENSE NUMBER(S)	9A. <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	9B. <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
				DEEP DOSE EQUIVALENT (DDE)	11. 0.244
				LENS (EYE) DOSE EQUIVALENT (LDE)	12. 0.244
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. 0.239
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (ADD BLOCKS 11 AND 15) (TEDE)	17. 0.244
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11 AND 16) (TODE)	18. 0.244
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : 1.210 LDE : 1.211 SDE, WB : 1.167 SDE, ME : TEDE : 1.210	
20. SIGNATURE - LICENSEE				21. DATE PREPARED (MM/DD/YYYY) 04/29/2013	