



ADVanz

Measurement & Control Systems, Inc.

PUBLIC/PDR
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824 Distribution Drive • Dayton, OH 45434-7127
TEL 937-320-9176 • FAX 937-320-9179

030-33992

April 28, 1997

REIRS Project Manager
Office of Nuclear Regulatory Research
U S Nuclear Regulatory Commission
Washington, DC 20555

Subject: Form NRC 5
License # 34-26683-02G

Gentlemen:

In accordance with Item 12 of the above referenced license, we are submitting Form NRC 5 for the year 1996 as specified in 10 CFR 20.2206 monitored by Landauer, Inc. service, for the following individuals:

<u>Number</u>	<u>Name</u>
6	Rickard, George
9	Thomas, Nelson
12	Wojcik, William
13	Alles, Bill
15	Cook, Ron
16	Creeger, Tom
18	Graham, Bruce
19	Hoeffel, Jim
20	Hundt, Tom
21	Olding, Bob
22	Taylor, Frank
23	Manemann, Roger
24	Birx, Don
25	Ehnholt, Dennis
26	Ehnholt, Carla
27	Crowell, David
28	Hoeffel, Carol Ann

If you need additional information, please contact me at (937) 320-9176.

Sincerely,

James D. Hoeffel

James D. Hoeffel
Radiation Safety Officer

JDH/ce

150056



cc - Mr. James R. Mullauer, MHS
Health Physicist - Nuclear Materials Licensing Branch
U S Nuclear Regulatory Commission - Region III
801 Warrenville Road
Lisle, IL 60532-4351

9705150318 970428
PDR ADOCK 03033992
C PDR

Pm: 5-5-97

RECEIVED

MAY 08 1997

REGION III

MAY 08 1997

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31 DH

OCCUPATIONAL EXPOSURE 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.

ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00006
1. NAME (LAST, FIRST, MIDDLE INITIAL) RICKARD GEORGE		2. IDENTIFICATION NUMBER 036-30-9191
3. MONITORING PERIOD 01/05/96 - 01/04/97		7. LICENSEE NAME ADVANZ TECHNOLOG

Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone (708) 753-7000 Facsimile: (708) 753-7016	
3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. DATE OF BIRTH 08/05/46	6. RECORD <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> ESTIMATE

INTAKES			DOSES (in rem)	
10A. RADIOISOTOPE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci	
<i>NM</i>				11. DEEP DOSE EQUIVALENT (DDE)
				12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)
				13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)
				14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)
				15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)
				16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)
				17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE)
				18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)
19. COMMENTS				PERMANENT TO DATE (IN REM)
				DDE : 0.050
				LDE : 0.050
				SDE, WB : 0.090
				SDE, ME : 0.760
				TEDE : 0.050

20. SIGNATURE - LICENSEE <i>James D. Hoefel RSO</i>	DATE SIGNED 4-28-97	21. DATE PREPARED 02/20/97
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OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

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Prepared by

ACCOUNT NUMBER

124876

SERIES CODE

00009

PARTICIPANT NUMBER

1. NAME (LAST, FIRST, MIDDLE INITIAL)

THOMAS NELSON

2. IDENTIFICATION NUMBER

038-36-1022

6. MONITORING PERIOD

01/05/96 - 01/04/97

7. LICENSEE NAME

ADVANZ TECHNOLOG

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

3. ID TYPE

SSN

4. SEX

☒ MALE

☐ FEMALE

5. DATE OF BIRTH

06/12/55

8. LICENSE NUMBER(S)

☒ RECORD

☒ NON-RE

ESTIMATE

PSE

INTAKES

100. INTAKE IN μ Ci

10C. MODE

10B. CLASS

10A. RADIOISOTOPE

DOSES (in rem)

ND

DEEP DOSE EQUIVALENT

(DDE)

11.

ND

EYE DOSE EQUIVALENT TO THE LENS OF THE EYE

(LDE)

12.

ND

SHALLOW DOSE EQUIVALENT, WHOLE BODY

(SDE, WB)

13.

ND

SHALLOW DOSE EQUIVALENT, MAX EXTREMITY

(SDE, ME)

14.

ND

COMMITTED EFFECTIVE DOSE EQUIVALENT

(CEDE)

15.

ND

COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN

(CDE)

16.

ND

TOTAL EFFECTIVE DOSE EQUIVALENT

(BLOCKS 11 + 15) (TEDE)

17.

ND

TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN

(BLOCKS 11 + 16) (TODE)

18.

ND

19. COMMENTS

PERMANENT TO DATE (IN REM)

DDE : 0.040

LDE : 0.040

SDE, WB : 0.040

SDE, ME : 0.040

TEDE : 0.040

20. SIGNATURE - LICENSEE

James D. Hoefel RSO

DATE SIGNED

4-28-97

21. DATE PREPARED

02/20/97

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00012	2. IDENTIFICATION NUMBER 198-42-0723		3. ID TYPE SSN	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH 04/02/51
1. NAME (LAST, FIRST, MIDDLE INITIAL) WOJCIK WILLIAM		7. LICENSEE NAME ADVANZ TECHNOLOG		8. LICENSE NUMBER(S)		9. RECORD <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> ESTIMATE <input type="checkbox"/> PSE	
6. MONITORING PERIOD 01/05/96 - 01/04/97							
DOSES (in rem)							
11. DEEP DOSE EQUIVALENT (DDE) 0.050							
12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) 0.050							
13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 0.050							
14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)							
15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)							
16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)							
17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) 0.050							
18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) 0.050							
19. COMMENTS PERMANENT TO DATE (IN REM)							
DDE : 0.170							
LDE : 0.170							
SDE, WB : 0.170							
SDE, ME : 0.170							
TEDE : 0.170							

20. SIGNATURE - LICENSEE
James D Hoepfel RSO

DATE SIGNED
4-28-97

21. DATE PREPARED
02/20/97

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

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

ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00013
1. NAME (LAST, FIRST, MIDDLE INITIAL) ALLES BILL		
2. IDENTIFICATION NUMBER 298-62-5370	3. ID TYPE SSN	
4. MONITORING PERIOD 01/05/96 - 01/04/97	5. DATE OF BIRTH 12/21/58	
6. LICENSEE NAME ADVANZ TECHNOLOG	7. LICENSE NUMBER(S) SSN	
8. LICENSE NUMBER(S) SSN		

INTAKES			DOSES (in rem)	
10A. RADIOISOTOPE	10B. CLASS	10C. MODE	10D. INTAKE IN (uCi)	
NAI				11. DEEP DOSE EQUIVALENT (DDE) ND
				12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) ND
				13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) ND
				14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) ND
				15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) ND
				16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) ND
				17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) ND
				18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) ND
19. COMMENTS PERMANENT TO DATE (IN REM)				
DDE : ND				
LDE : ND				
SDE, WB : ND				
SDE, ME : ND				
TEDE : ND				

20. SIGNATURE - LICENSEE James D. Hoffel RSO	DATE SIGNED 4-28-97	21. DATE PREPARED 02/20/97
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OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876		SERIES CODE		PARTICIPANT NUMBER 00015		Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 55-7016						
1. NAME (LAST, FIRST, MIDDLE INITIAL) COOK RON				2. IDENTIFICATION NUMBER 272-48-5587		3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH 04/05/52		
6. MONITORING PERIOD 01/05/96 - 01/04/97				7. LICENSEE NAME ADVANZ TECHNOLOG		8. LICENSE NUMBER(S) <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE				<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE		
INTAKES				DOSES (in rem)								
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ ci									
NM				DEEP DOSE EQUIVALENT (DDE)						11.	ND	
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)						12.	ND	
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)						13.	ND	
				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 (BLOCKS 11 + 15) (TEDE)						17.	ND	
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)						18.	ND	
					19. COMMENTS PERMANENT TO DATE (IN REM)							
					DDE : ND							
				LDE : ND								
				SDE, WB : ND								
				SDE, ME : ND								
				TEDE : ND								
20. SIGNATURE - LICENSEE James D. Hoefel RSO						DATE SIGNED 4-28-97			21. DATE PREPARED 02/20/97			

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

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ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00016
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Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586
Telephone: (708) 755-7000 Facsimile: (708) 755-7016

1. NAME (LAST, FIRST, MIDDLE INITIAL) CREEGER TOM	2. IDENTIFICATION NUMBER 297-44-5743	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH 09/17/50
6. MONITORING PERIOD 01/05/96 - 01/04/97	7. LICENSEE NAME ADVANZ TECHNOLOG	8. LICENSE NUMBER(S)	SA <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	NO <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
NA				DEEP DOSE EQUIVALENT (DDE)	11. ND
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12. ND
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. ND
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)	14. 0.210
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE)	17. ND
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)	18. ND
				19. COMMENTS PERMANENT TO DATE [IN REM]	
				DDE :	0.020
				LDE :	0.020
				SDE, WB :	0.020
				SDE, ME :	0.270
				TEDE :	0.020

20. SIGNATURE - LICENSEE James D. Noeffel RSO	DATE SIGNED 4-28-97	21. DATE PREPARED 02/20/97
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OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

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ACCOUNT NUMBER 124876		SERIES CODE		PARTICIPANT NUMBER 00018		Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016					
1. NAME (LAST, FIRST, MIDDLE INITIAL) GRAHAM BRUCE				2. IDENTIFICATION NUMBER 278-78-7462		3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH 03/28/66	
6. MONITORING PERIOD 01/05/96 - 01/04/97				7. LICENSEE NAME ADVANTZ TECHNOLOG				8. LICENSE NUMBER(S) <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE		<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)							
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci								
MM				DEEP DOSE EQUIVALENT (DDE) 11. ND							
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) 12. ND							
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. ND							
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14. ND							
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15. ND							
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16. ND							
				TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) 17. ND							
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) 18. ND							
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : ND LDE : ND SDE, WB : ND SDE, ME : ND TEDE : ND							
20. SIGNATURE - LICENSEE James W. Haeffel RSO						DATE SIGNED 4-28-97			21. DATE PREPARED 02/20/97		

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

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Prepared by

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

ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00019
1. NAME (LAST, FIRST, MIDDLE INITIAL) HOEFFEL JIM		
6. MONITORING PERIOD 01/05/96 - 01/04/97	7. LICENSEE NAME ADVANZ TECHNOLOG	2. IDENTIFICATION NUMBER 282-32-0097
3. ID TYPE SSN		
4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
5. DATE OF BIRTH 08/19/36		
8. LICENSE NUMBER(S) <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE <input type="checkbox"/> PSE		
DOSES (in rem)		
11. DEEP DOSE EQUIVALENT (DDE) ND		
12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) ND		
13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) ND		
14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 0.030		
15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)		
16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)		
17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) ND		
18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) ND		
19. COMMENTS PERMANENT TO DATE (IN REM)		
DDE : ND		
LDE : ND		
SDE, WB : ND		
SDE, ME : 0.030		
TEDE : ND		

20. SIGNATURE - LICENSEE <i>James A Hoeffel RSO</i>	DATE SIGNED 4-28-97	21. DATE PREPARED 02/20/97
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OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876		SERIES CODE		PARTICIPANT NUMBER 00020		Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016					
1. NAME (LAST, FIRST, MIDDLE INITIAL) HUNDT TOM				2. IDENTIFICATION NUMBER 289-44-5714		3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH 10/27/53	
6. MONITORING PERIOD 01/05/96 - 01/04/97				7. LICENSEE NAME ADVANS TECHNOLOG				8. LICENSE NUMBER(S) <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE		<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)							
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci								
NM				DEEP DOSE EQUIVALENT (DDE) 11. ND							
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) 12. ND							
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. ND							
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14. ND							
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15. ND							
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16. ND							
				TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) 17. ND							
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) 19. ND							
				19. COMMENTS PERMANENT TO DATE (IN REM)							
				DDE : ND							
				LDE : ND							
				SDE, WB : ND							
				SDE, ME : ND							
				TEDE : ND							
20. SIGNATURE - LICENSEE James A. Hoeffel RSO.						DATE SIGNED 4-28-97			21. DATE PREPARED 02/20/97		

Prepared by

LANDAUER®

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

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00022	Landauer Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016		
1. NAME (LAST, FIRST, MIDDLE INITIAL) TAYLOR FRANK		2. IDENTIFICATION NUMBER 287-28-8747	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH 01/10/34
6. MONITORING PERIOD 01/05/96 - 01/04/97	7. LICENSEE NAME ADVANZ TECHNOLOG		8. LICENSE NUMBER(S)	<input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
NA				DEEP DOSE EQUIVALENT (DDE)	11. ND
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12. ND
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. ND
				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 (BLOCKS 11 + 15) (TEDE)	17. ND
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)	18. ND
				19. COMMENTS PERMANENT TO DATE (IN REM)	
				DDE :	ND
				LDE :	ND
				SDE, WB :	ND
				SDE, ME :	
				TEDE :	ND

20. SIGNATURE - LICENSEE

DATE SIGNED

21. DATE PREPARED

James D. Hoeffel RSO.

4-28-97

02/20/97

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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LANDAUER®

ACCOUNT NUMBER 124876		SERIES CODE		PARTICIPANT NUMBER 00023		Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1585 Telephone: (708) 755-7000 Facsimile: (708) 755-7016							
1. NAME (LAST, FIRST, MIDDLE INITIAL) MANEMANN ROGER				2. IDENTIFICATION NUMBER 290-56-4820		3. ID TYPE SSN		4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH 02/25/57			
6. MONITORING PERIOD 01/05/96 - 01/04/97				7. LICENSEE NAME ADVANZ TECHNOLOG				8. LICENSE NUMBER(S)		9. RECORD <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE		10. ROUTINE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)									
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci										
<i>MM</i>				DEEP DOSE EQUIVALENT (DDE) 11. ND									
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) 12. ND									
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. ND									
				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 (BLOCKS 11 + 15) (TEDE) 17. ND									
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) 18. ND									
				19. COMMENTS PERMANENT TO DATE [IN REM] DDE : ND LDE : ND SDE, WB : ND SDE, ME : ND TEDE : ND									
20. SIGNATURE - LICENSEE <i>James D. Huffel RSO</i>								DATE SIGNED 4-28-97		21. DATE PREPARED 02/20/97			

OCCUPATIONAL EXPOSURE 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 124876	SERIES CODE	PARTICIPANT NUMBER 00024	Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016			
1. NAME (LAST, FIRST, MIDDLE INITIAL) BIRX DON		2. IDENTIFICATION NUMBER 184-44-2938		3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH 10/08/52
6. MONITORING PERIOD 01/05/96 - 01/04/97		7. LICENSEE NAME ADVANZ TECHNOLOG		8. LICENSE NUMBER(S) <input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE		<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE
INTAKES				DOSES (in rem)		
10A. RADIOISOTOPE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci			
NA				DEEP DOSE EQUIVALENT (DDE)	11.	ND
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12.	ND
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13.	ND
				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 (BLOCKS 11 + 15) (TEDE)	17.	ND
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)	18.	ND
				19. COMMENTS PERMANENT TO DATE (IN REM) DDE : ND LDE : ND SDE, WB : ND SDE, ME : TEDE : ND		
20. SIGNATURE - LICENSEE James D. Hoeffel RSO.				DATE SIGNED 4-28-97		21. DATE PREPARED 02/20/97

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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LANDAUER®

ACCOUNT NUMBER 124876		SERIES CODE		PARTICIPANT NUMBER 00025		Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016	
1. NAME (LAST, FIRST, MIDDLE INITIAL) EHNTHOLT DENNIS				2. IDENTIFICATION NUMBER 449-88-8308		3. ID TYPE SSN	
				4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. DATE OF BIRTH 01/21/50	
6. MONITORING PERIOD 04/05/96 - 01/04/97		7. LICENSEE NAME ADVANZ TECHNOLOG				8. LICENSE NUMBER(S) <input checked="" type="checkbox"/> RECORD <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> ESTIMATE <input type="checkbox"/> PSE	
INTAKES				DOSES (in rem)			
10A. RADIOISOTOPE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI				
<i>MM</i>				DEEP DOSE EQUIVALENT (DDE) 11. ND			
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) 12. ND			
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) 13. ND			
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME) 14. ND			
				COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE) 15. ND			
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE) 16. ND			
				TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) 17. ND			
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) 18. ND			
				19. COMMENTS PERMANENT TO DATE (IN REM)			
				DDE : ND			
				LDE : ND			
				SDE, WB: ND			
				SDE, ME: ND			
				TEDE : ND			
20. SIGNATURE - LICENSEE <i>James J. Hoefel RSO</i>						DATE SIGNED 4-28-97	
						21. DATE PREPARED 02/20/97	

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876		SERIES CODE		PARTICIPANT NUMBER 00026		Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586 Telephone: (708) 755-7000 Facsimile: (708) 755-7016					
1. NAME (LAST, FIRST, MIDDLE INITIAL) EHNTHOLT CARLA				2. IDENTIFICATION NUMBER 465-78-0518		3. ID TYPE SSN					
5. DATE OF BIRTH 10/04/51				4. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE							
6. MONITORING PERIOD 07/05/96 - 01/04/97		7. LICENSEE NAME ADVANZ TECHNOLOG		8. LICENSE NUMBER(S)		<table border="1"> <tr> <td><input checked="" type="checkbox"/> RECORD</td> <td><input checked="" type="checkbox"/> ROUTINE</td> </tr> <tr> <td><input type="checkbox"/> ESTIMATE</td> <td><input type="checkbox"/> PSE</td> </tr> </table>		<input checked="" type="checkbox"/> RECORD	<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> PSE
<input checked="" type="checkbox"/> RECORD	<input checked="" type="checkbox"/> ROUTINE										
<input type="checkbox"/> ESTIMATE	<input type="checkbox"/> PSE										
INTAKES				DOSES (in rem)							
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci								
<i>NA</i>				11. DEEP DOSE EQUIVALENT (DDE) ND							
				12. EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE) ND							
				13. SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB) ND							
				14. SHALLOW DOSE EQUIVALENT, MAX EXTREMITY (SDE, ME)							
				15. COMMITTED EFFECTIVE DOSE EQUIVALENT (CEDE)							
				16. COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN (CDE)							
				17. TOTAL EFFECTIVE DOSE EQUIVALENT (BLOCKS 11 + 15) (TEDE) ND							
				18. TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE) ND							
				19. COMMENTS PERMANENT TO DATE (IN REM)							
				DDE : ND							
				LDE : ND							
				SDE, WB : ND							
				SDE, ME : ND							
				TEDE : ND							
20. SIGNATURE - LICENSEE <i>James D. Huffel RSO</i>				DATE SIGNED 4-28-97		21. DATE PREPARED 02/20/97					

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00027
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Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586
Telephone: (708) 755-7000 Facsimile: (708) 755-7016

1. NAME (LAST, FIRST, MIDDLE INITIAL) CROWELL DAVID	2. IDENTIFICATION NUMBER 038-30-7535	3. ID TYPE SSN	4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. DATE OF BIRTH 03/20/46
6. MONITORING PERIOD 11/05/96 - 01/04/97	7. LICENSEE NAME ADVANZ TECHNOLOG	8. LICENSE NUMBER(S)	<input checked="" type="checkbox"/> RECORD <input type="checkbox"/> ESTIMATE	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> PSE

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ Ci		
NM				DEEP DOSE EQUIVALENT (DDE)	11. ND
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12. ND
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. ND
				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 (BLOCKS 11 + 15) (TEDE)	17. ND
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)	18. ND
				19. COMMENTS	
				PERMANENT TO DATE (IN REM)	
			DDE :	ND	
			LDE :	ND	
			SDE, WB :	ND	
			SDE, ME :		
			TEDE :	ND	

20. SIGNATURE - LICENSEE

DATE SIGNED

21. DATE PREPARED

James A. Haffel RSO

4-28-97

02/20/97

OCCUPATIONAL EXPOSURE RECORD FOR A MONITORING PERIOD

Prepared by

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ACCOUNT NUMBER 124876	SERIES CODE	PARTICIPANT NUMBER 00028
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Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586
Telephone: (708) 755-7000 Facsimile: (708) 755-7016

1. NAME (LAST, FIRST, MIDDLE INITIAL) HOEFFEL CAROL ANN	2. IDENTIFICATION NUMBER 288-34-7218	3. ID TYPE SSN	4. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	5. DATE OF BIRTH 03/25/39
6. MONITORING PERIOD 11/05/96 - 01/04/97	7. LICENSEE NAME ADVANZ TECHNOLOG	8. LICENSE NUMBER(S)	9A. RECORD <input checked="" type="checkbox"/> ESTIMATE <input type="checkbox"/>	9B. ROUTINE <input checked="" type="checkbox"/> PSE <input type="checkbox"/>

INTAKES				DOSES (in rem)	
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	10D. INTAKE IN μ CI		
NA				DEEP DOSE EQUIVALENT (DDE)	11. ND
				EYE DOSE EQUIVALENT TO THE LENS OF THE EYE (LDE)	12. ND
				SHALLOW DOSE EQUIVALENT, WHOLE BODY (SDE, WB)	13. ND
				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 (BLOCKS 11 + 15) (TEDE)	17. ND
				TOTAL ORGAN DOSE EQUIVALENT, MAX ORGAN (BLOCKS 11 + 16) (TODE)	18. ND
				19. COMMENTS PERMANENT TO DATE (IN REM)	
				DDE :	ND
				LDE :	ND
				SDE, WB :	ND
				SDE, ME :	
				TEDE :	ND

20. SIGNATURE - LICENSEE James D. Hoeftel RSO	DATE SIGNED 4-28-97	21. DATE PREPARED 02/20/97
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PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552(e)(3), enacted into law by Section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the U.S. Nuclear Regulatory Commission on NRC Form 5. This information is maintained in a system of records designated as NRC-27 and described at 55 Federal Register 33384 (August 20, 1990), or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, Lower Level, 2120 L Street NW, Washington, D.C.

- AUTHORITY:** Sections 53, 63, 65, 81, 103, 104, 161(b), and 161(f) of the Atomic Energy Act of 1954, as amended (42 U.S.C. 2073, 2093, 2095, 2111, 2133, 2134, 2201(b), and 2201(f)). The authority for soliciting the social security number is 10 CFR Part 20.
- PRINCIPAL PURPOSES:** The information is used by the NRC in its evaluation of the risk of radiation exposure associated with the licensed activity and in exercising its statutory responsibility to monitor and regulate the safety and health practices of its licensees. The data permits a meaningful comparison of both current and long-term exposure experience among types of licensees and among licensees within each type. Data on your exposure to radiation is available to you upon your request.
- ROUTINE USE(S):** The information may be used to provide data to other Federal and State agencies involved in monitoring and/or evaluating radiation exposure received by individuals employed as radiation workers on a permanent or temporary basis and exposure received by monitored visitors. The information may also be disclosed to an appropriate Federal, State, or local agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding.
- WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information, including social security number; however, the licensee must complete NRC Form 5 on each individual for whom personnel monitoring is required under 10 CFR 20.2106. Failure to do so may subject the licensee to enforcement action in accordance with 10 CFR 20.2401. The social security number is used to assure that NRC has an accurate identifier not subject to the coincidence of similar names or birthdates among the large number of persons on whom data is maintained.
- SYSTEM MANAGER(S) AND ADDRESS:**
REIRS Project Manager
Office of Nuclear Regulatory Research
U.S. Nuclear Regulatory Commission
Washington, DC 20555

NOTICE TO WORKERS

This report is furnished to you under the provisions of one or more of the following rules and regulations. You should preserve this report for further reference. Referenced rules and regulations include, but are not restricted to:

Nuclear Regulatory Commission regulation 10 CFR Part 19

- Alabama Chapter 420-3-26, Radiation Control, Rule 420-3-26.10
- Arkansas Department of Health Regulations entitled "Standards for Protection Against Radiation"
- California State Department of Health Services Regulations: Standards for Protection Against Radiation
- Colorado Rules and Regulations Pertaining to Radiation Control, Part 10
- Florida Department of Health and Rehabilitative Services regulation entitled Chapter 10D-91, Control of Radiation Hazards
- Georgia Rule 391-3-17.07
- Illinois Department of Nuclear Safety Regulations for Radiation Protection (32 Ill. Adm. Code 400)
- Iowa Department of Public Health's Rule 641-40.21 (136C)
- Kansas Administrative Rule and Regulation 28-35-334
- Kentucky Cabinet for Human Resources' radiation regulations
- Louisiana Radiation Protection Regulations, LAC 33: XV. Chapter 10
- Maine Department of Human Services Regulations for the Control of Radiation, Part J
- Mississippi State Board of Health Regulations for Control of Radiation, Section J
- Nebraska Regulations for Control of Radiation - Ionizing Section 010
- (Nevada) NAC 459.780 to 459.794
- New Mexico Radiation Protection Regulations, Part 10
- (New York) Part 16, New York State Sanitary Code and/or Part 38 (12 NYCRR 38) and/or Section 175.04 of the NY City Health Code
- North Carolina Section 15A NCAC 11.1000; NOTICES, INSTRUCTIONS, REPORTS AND INSPECTIONS
- North Dakota State Radiological Health Rules (North Dakota Administrative Code Chapter 33-10-10)
- Rhode Island Rules and Regulations for the Control of Radiation, Subpart A.6
- South Carolina Department of Health and Environmental Control's Radiation Control Regulations
- Texas Regulations for Control of Radiation, Part 22
- Utah Administrative Code Section R313-18-13
- Washington State Department of Health, Division of Radiation Protection, Rules and Regulations for Radiation Protection

Reverse side of all sheets.
JUH

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