

Automated Dose History Request Form

A dose history report for up to ten monitored individuals may be requested by completing and submitting the form below and submitting a signed release for each individual. Requesters must send a signed release form for each monitored individual in order to receive a dose history report. All fields are required to be completed except request comments. Upon approval of your request, a dose history report in PDF format will be e-mailed to you. The PDF file will be encrypted and password protected using the password you provide below.

If you are an organization requesting a dose history for individuals, use the organization release form (/CER/Public/ViewFile/DoseHistoryRequest_OrganizationReleaseForm). If you are a member of the public, or you are requesting your own dose history, use the individual release form (/CER/Public/ViewFile/DoseHistoryRequest_IndividualReleaseForm).

If you need assistance with this form, click on Help (/CER/Public/ViewFile/DoseHistoryRequest_Help).

Requester

1) Requester Name

2) Title

3) Organization / Company

4) E-mail Address

5) Phone Number

 – – Ext.

6) Comments (optional)

Monitored Individual(s)

	7) Full Name (last, first middle)	8) ID Number (no dashes)	9) ID Type	10) Date of Birth (mm/dd/yyyy)
1	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	SSN <input type="button" value="v"/>	<input type="text"/>

11) Records Category

All available radiation exposure monitoring records will be searched. This includes, but is not limited to, NRC licensee monitoring records, NRC employee monitoring records, DOE monitoring records, and certain Agreement State licensees that have voluntarily reported records to the central repository. Please refer to the NRC Disclaimer and Limitations (/CER/Public/ViewFile/DoseHistoryRequest_Disclaimer_REIRS) and DOE Disclaimer and Limitations (/CER/Public/ViewFile/DoseHistoryRequest_Disclaimer_REMS) for a general description of what records may be available. A separate dose history report will be generated for each database and combined into one PDF.

12) Password

Enter a requester-assigned password to be used for the exposure report. Your password should contain the following

- at least 12 characters (maximum 20)
- an upper alpha character
- a lower alpha character
- a numeric character
- a special character
- password example: jE%k6d*a3L#9

Enter Password

NOTE: Be sure to retain this password for your reference when you receive the encrypted report.

13) Release Form

For each monitored individual, the requester **MUST** submit a signed release form in order to have the request processed. If the signed releases are not received within 48 hours, the request will not be processed. If you are an organization requesting a dose history for individuals, use the organization release form (/CER/Public/ViewFile/DoseHistoryRequest_OrganizationReleaseForm). **If you are a member of the public, or you are requesting your own dose history**, use the individual release form (/CER/Public/ViewFile/DoseHistoryRequest_IndividualReleaseForm).

[Submit Request](#)

[Clear Form \(/CER/DoseHistoryRequest/Form\)](/CER/DoseHistoryRequest/Form)

Paperwork Reduction Act Statement

This form contains information collection requirements that are subject to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.). These information collections were approved by the Office of Management and Budget (OMB), approval numbers 3150-0005.

Public Protection Notification

The NRC may not conduct or sponsor, and a person is not required to respond to, a request for information or an information collection requirement unless the requesting document displays a currently valid OMB control number.

Privacy Act Statement for DOE Respondents

OMB Control No. 1910-0300

Expires 3/31/2023

The Department of Energy (DOE) will use the information collected through this system/database for the purpose of monitoring and recording levels of radiation exposure to individuals working or visiting DOE facilities. This is a database of occupational radiation exposure for all monitored DOE employees, contractors, subcontractors and members of the public. The Rule 10 CFR 835 702 (a) and (b) requires Annual Individual Radiation Exposure Records to be recorded therefore this requirement is mandatory. The DOE Order 231.1B, Environment, Safety and Health Reporting, requires the data to be reported into the Radiation Exposure Monitoring System Repository. DOE contractor personnel and other individuals' radiation exposure records, social security numbers, and other records, in connection with registries of uranium, transuranic, or other elements encountered in the nuclear industry are maintained as described in the Department of Energy System of Records, DOE-35, "Personnel Radiation Exposure Records".

REIRS and REMS Records Release Form for an Individual

Request ID Number: _____

This is the REIRS/REMS Request ID number that is generated when you submit the request form. This request ID number is required in order to process your request.

**Privacy Act
Statement**

I hereby authorize the release of my radiation exposure records from the U.S. Nuclear Regulatory Commission or Department of Energy. Please provide me with any and all radiation exposure information that is maintained electronically within the NRC REIRS or DOE REMS database. I understand that these records need to be reviewed and certified by me, the monitored individual, prior to being considered as a valid dose record.

Printed name of monitored individual: _____

Signature of monitored individual: _____

Date signed: _____

Phone #: _____

In addition to this signed release form, you must submit a copy of your driver's license, photo ID, or birth certificate in order to verify your identity. This release form and accompanying documentation may be submitted through the secure file submission portal at

<https://oriseapps.ornl.gov/CER/FileSubmission/Form>.

You may also complete this form and FAX it with a copy of a photo ID to the
REIRS and REMS Records Manager at ORAU.

FAX: 865-241-4924 | Phone: 865-241-3620

PRIVACY ACT STATEMENT
REIRS RECORDS RELEASE FORM

Pursuant to 5 U.S.C. 552a(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 the REIRS Records Release Form. This information is maintained in a system of records designated as NRC-27 and described at 81 *Federal Register* 81340 (November 17, 2016), or the most recent *Federal Register* publication of the NRC's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, Maryland, or located in NRC's Agencywide Documents Access and Management System (ADAMS).

1. **AUTHORITY:** 42 U.S.C. 2073, 2093, 2095, 2111, 2133, 2134, and 2201(o) (1992); 10 CFR 20.2106, 20.2201-20.2204, and 20.2206 (2002); Executive Order 9397, November 22, 1943.
2. **PRINCIPAL PURPOSE(S):** To authorize the NRC to release an individual's radiation exposure records.
3. **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 monitored for radiation exposure while employed by or visiting or temporarily assigned to certain NRC licensed facilities; to return data provided by licensee upon request. The information may also be disclosed to an appropriate Federal, State, local or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information, however, not providing this information may result in the denial of your request to release your records.
5. **SYSTEM MANAGER AND ADDRESS:** REIRS Project Manager, Radiation Protection and Health Effects Branch, Division of Regulatory Applications, Office of Nuclear Regulatory Research, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.