



To: Radiology Department

Date: June 30, 2021

Re: Quarterly Dosimetry Reports Medical Director Review & Approval

The Occupational Radiation Summary Report provided by Mirion Technologies Dosimetry Services for the 2nd Quarter of 2021 was reviewed and approved by Green Light Imaging's Medical Director Dr. Sim C. Hoffman, MD. There were no radiation exposure issues.

This report includes Green Light Imaging's CT Technologists and Patient Care Assistants.

A handwritten signature in black ink, appearing to be "S. Hoffman", written over a horizontal line.

Dr. Sim C. Hoffman, MD
GLI Medical Director

Occupational Radiation Summary Report

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

ACCOUNT NO: 26019 LOCATION NO: Main (GREEN LIGHT IMAGING)

LOCATION ADDRESS:
GREEN LIGHT IMAGING
ATTN: ILANA COELHO
8348 ROSEMEAD BLVD, PICO RIVERA, CA 90660
USA

REPORTING PERIOD:	4/1/2021 - 6/30/2021
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WEARER IDENTIFICATION		DOSIMETER & EXPOSURE HISTORY															
NAME OR OTHER DESIGNATION	ID	X % G	BODY REGION	MONTH TO DATE			QUARTER TO DATE			YEAR TO DATE			LIFETIME TO DATE				
				H _h (10) DEEP	H _h (0.07) SHALL	H _h (3) EYE	H _h (10) DEEP	H _h (0.07) SHALL	H _h (3) EYE	H _h (10) DEEP	H _h (0.07) SHALL	H _h (3) EYE	H _h (10) DEEP	H _h (0.07) SHALL	INSPION DATE LIFETIME		
Adams, Jesse		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	3/1/2016
Aguinaga, Steve		M	WB CL	21	21	21	21	21	21	21	21	21	21	21	21	21	4/16/2019
Lovera Rivas, Silvano		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	6/26/2020
Montanez, Steven		M	WB CL	7	7	7	7	7	7	7	7	7	7	7	7	7	6/12/2016
Parker, Troy		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	9/6/2020
Quinn, Virgil		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	8/18/2016
Rangel, Fabian		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	3/1/2016
Rivas, Luis		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	4/8/2019
Schafer, Steve		M	WB CL	19	19	19	19	19	19	19	19	19	19	19	19	19	7/6/2016
Singh, Narinder		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	6/8/2021
Varela, Kristy		F	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	8/7/2020

SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER

IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS

Reports Approved By NVLAP Signatory.

GENERAL INFORMATION

MINIMUM EXPOSURE REPORTED: All dosimeters have a minimum threshold below which an actual exposure cannot be measured with statistical accuracy.
ALL EXPOSURES BELOW THIS MINIMUM WILL BE REPORTED AS ZERO. The minimum threshold for all dosimeters is 0.005 mrem. Actual exposures will not be carried forward in the cumulative data. Refer to specification sheet of minimum reportable doses.
DOSE EQUIVALENT: The product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest.
EXTERNAL DOSE: The portion of the dose equivalent received from radiation sources outside the body.
INTERNAL DOSE: Dose received by an individual in a resuspended or inhaled form from radionuclides which individuals are engaged in the performance of their duties involve exposure to radiation and to radioactive material from licensed and unlicensed sources of radiation whether in the possession of the licensee or other person. Occupational dose does not include dose received from background radiation, such as a patient from medical practices, from voluntary participation in medical research, or as a member of the general public.
EXTERNAL DOSE: Head, trunk, arms above elbow, foot, knee, or leg.
WHOLE BODY: Head, trunk, arms above elbow, legs above knee.
DEEP DOSE EQUIVALENT: DDE Incremental measurement for dose equivalent at a tissue depth of 1 cm (1,000 mg/cm²); applies to whole body exposure.
EYE DOSE EQUIVALENT: LDE Incremental measurement for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²); applies to shallow dose of extremity.
SHALLOW DOSE EQUIVALENT: SDE-WB Incremental measurement for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²); applies to shallow dose of whole body.
SHALLOW DOSE EQUIVALENT: SDE-E Incremental measurement for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²); applies to shallow dose of extremity.
EFFECTIVE DOSE EQUIVALENT (EDE): The sum over the tissues of the weighted sum of the effective dose equivalent (EDE) for each tissue weighting factor (W_T) representing its proportion of the total stochastic (cancer and genetic) risk resulting from irradiation of tissue (T) to the risk when the whole body is irradiated uniformly.
TECHNICAL DATA: Milron Technologies (GDS) Inc. performs calibrations of its dosimetry systems that are traceable to NIST and accredited by the National Institute of Standards and Technology through NVLAP SOURCES: Milron Technologies (GDS) Inc. has demonstrated satisfactory performance in accordance with the most recent version of ANSI N13.11 "Criteria for Testing Personnel Dosimetry Performance." DOE/EH-0027; DOE standard for the Performance Testing of Personnel Dosimetry System and RADS Part 1 (External Radialions) "Requirements for the approval of dosimetry services under the Ionising Radiations Regulations 1985".

10 CFR 20 LIMITS: (if applicable)
 Whole Body 5,000 mrem/year
 Lens of Eye 1,250 mrem/yr.
 Skin SDE 50,000 mrem/year
 Extremity 50,000 mrem/year
 18,750 mrem/yr.
DOSE CONVERSION
 1 mrem = 0.01 mSv

WEARER IDENTIFICATION SECTION

COLUMN 1 - Individuals Last Name, First Name, and Middle Initial.
COLUMN 2 - The individual's identification Number.
COLUMN 3 - Individual's gender/sex.
COLUMN 4b - Two unique fields, first 2 digits reflect the general region body to be monitored or reflects non-personal use based on table:

Monitored Region		Non-Personal Use	
WB	= Whole Body	NP1	= Non-Personal Use
UR	= Upper Right Extremity	AR	= Area
UR	= Upper Right Extremity	NR	= Non-Specific
LR	= Lower Right Extremity	NR	= Non-Specific
LLE	= Lower Left Extremity	NR	= Non-Specific

COLUMN 4b - Specific body part to be monitored if applicable. This field is optional and is provided to help differentiate between multiple badges worn on the same body region based on table:

Whole Body		Extremities	
Back	Not Identified	Back	Not Identified
CL	Collar	FN	Finger
TR	Torso		
FS	Feet		

DOSIMETER AND EXPOSURE HISTORY SECTION

COLUMN 5 - Month to Date Deep Dose (Hp(10)); DDE for month.
COLUMN 6 - Month to Date Eye Dose (Hp(0.07)); LDE for month.
COLUMN 7 - Month to Date Shallow Dose (Hp(0.07)); SDE for month.
COLUMN 8 - Quarter to Date Deep Dose (Hp(10)); DDE for quarter.
COLUMN 9 - Quarter to Date Eye Dose (Hp(0.07)); LDE for quarter.
COLUMN 10 - Quarter to Date Shallow Dose (Hp(0.07)); SDE for quarter.
COLUMN 11 - Year to Date Deep Dose (Hp(10)); DDE for year.
COLUMN 12 - Year to Date Eye Dose (Hp(0.07)); LDE for year.
COLUMN 13 - Year to Date Shallow Dose (Hp(0.07)); SDE for year.
COLUMN 14 - Total number of dose reads summarized for the Year to Date Deep Dose (Hp(10)); DDE for year.
COLUMN 15 - The number of Process Notes reflected in the reports that constitute the reported dose. See the History Detail or Occupational Radiation Exposure Report for more details.
COLUMN 16 - Lifetime to Date Deep Dose (Hp(10)); Total lifetime deep dose accumulated for the Body Region/Body Part.
COLUMN 17 - Lifetime to Date Shallow Dose (Hp(0.07)); Total lifetime shallow dose accumulated for the Body Region/Body Part.
 The start date for the reported dose is the date the badge was issued with Milron Technologies (GDS) Inc. or actual lifetime start date if data supplied by customer.

REFERENCES

1. For rules and regulations applying to Radiation Safety in your state contact your State Health Department.
2. Standards for Protection against Radiation are published in the Code of Federal Regulations and may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.
3. Regulatory Guide 6.7 Instructions for Recording and Reporting Occupational Exposure Data "provides guidance on":
 - * Determining the doses in the current monitoring year for all persons who must be monitored and recording them on an NRC Form 5.
 - * Submitting an annual report to the NRC of the results of individual monitoring (NRC Form 5).
 - * Acquiring records of prior exposure (NRC Form 5).

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

This report shall not be reproduced except in full without the written approval of the processing facility.

This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government.

Milron Technologies (GDS) Inc. conforms to the Personal Information Protection and Electronics Documents Act (PIPEDA) and Nuclear Safety and Control Act of Canada as well as the Health Insurance and Portability Act (HIPPA) and 10 CFR20 of the USA.

REPORT IDENTIFICATION SECTION

ACCOUNT NO.: Unique identifying number permanently assigned to a facility.
REPORTING PERIOD: Dates indicate start and end dates of the report period.
LOCATION AND ADDRESS: Shipping address of the Location specified by the customer.
PAGE OF : Indicates number of report pages in this reporting sequence.
REPORT APPROVED: TPM (Technical Program Manager) - Indicates the NVLAP signatory of the doses on the report.