



To: Radiology Department

Date: September 30 2021

Re: Quarterly Dosimetry Reports Medical Director Review & Approval

The Occupational Radiation Summary Report provided by Mirion Technologies Dosimetry Services for the 3rd 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: 7/1/2021 - 9/30/2021
PAGE: 1 OF 1

WEARER IDENTIFICATION		DOSIMETER & EXPOSURE HISTORY															
NAME OR OTHER DESIGNATION	ID	X US	BODY REGION	MONTH TO DATE			QUARTER TO DATE			YEAR TO DATE			LIFETIME TO DATE				
				Hp(10) DEEP	Hp(0.07) SHALL	Hp(0.07) SHALL	Hp(10) DEEP	Hp(0.07) SHALL	Hp(0.07) SHALL	Hp(0.07) SHALL	Hp(10) DEEP	Hp(0.07) SHALL	Hp(0.07) SHALL	Hp(10) DEEP	Hp(0.07) SHALL	INSTRUMENT 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	0	0	0	0	0	0	0	0	0	0	0	0	0	4/16/2019
Lovena Rivas, Silvano		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	6/29/2020
Montanez, Steven		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	8/12/2016
Pecker, Troy		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	9/9/2020
Quinn, Virgil		M	WB CL	4	4	4	4	4	4	4	4	4	4	4	4	4	8/16/2016
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	4/9/2019
Schafer, Steve		M	WB CL	0	0	0	0	0	0	0	0	0	0	0	0	0	7/6/2019
Singh, Navinder		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.



MIRION Technologies
Dosimetry Services
Division

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GENERATED ON 10/18/2021 12:48:06PM

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 reporting is 0.01 mrem. All exposures will not be carried forward in the cumulative data. Refer to the specification sheet of minimum reportable doses.

DOSE EQUIVALENT: The product of the absorbed dose in tissue, quantity factor, and all other necessary modifying factors at the location of interest.

EXTERNAL DOSE: The portion of the dose equivalent received from radiation source outside the body.

INTERNAL DOSE: The portion of the dose equivalent received by an individual in a restricted area or in the course of employment in which individuals assigned 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 from the general public.

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

WHOLE BODY: Head, trunk, arms above elbow, legs above knee, and the rest of the body.

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.

SHALLOW DOSE EQUIVALENT: SDE incremental measurement for dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²); applies to external exposure of the lens of the eye.

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 eye.

EFFECTIVE DOSE EQUIVALENT (EDE): The sum over the tissues of the product of the dose equivalent HT in a tissue (T) and the weighting factor WT 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 is a member of the National Institute of Standards and Technology through NVLAP.

RADIATION TEST 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/ER-0027: "DOE" standard for the Performance Testing of Personnel Dosimetry System and RAD5 Part 1. (Current performance data is available upon the approval of dosimetry services under the ongoing Radiation Regulations 1986.

10 CFR 20 LIMITS: (if applicable)

Whole Body	5,000 mrem/year
Lens of Eye	15,000 mrem/year
Skin DSE	50,000 mrem/year
Extremity	50,000 mrem/year

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 4a - Two unique fields, first 2 digits reflect the general region of the body to be monitored or reflects non-personal use based on flight.

Monitored Region		Non-Personal Use	
WB	= Whole Body	NPJ	= Non-Personal Use
UE	= Upper Right Extremity	NU	= None
LE	= Lower Right Extremity	UNK	= Unknown
LLE	= Lower Left Extremity	NSE	= 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:

Monitored Part of Body		Extremities	
Blank	Not Identified	Blank	Not Identified
CL	Chest	FN	Finger
TR	Trunk		
FS	Face		

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(03)); LDE for month.
COLUMN 7 - Quarter to Date Deep Dose (Hp(10)); DDE for quarter.
COLUMN 8 - Quarter to Date Eye Dose (Hp(03)); LDE for quarter.
COLUMN 9 - Quarter to Date Shallow Dose (Hp(0.07)); SDE for quarter.
COLUMN 10 - Year to Date Deep Dose (Hp(10)); DDE for year.
COLUMN 11 - Year to Date Eye Dose (Hp(03)); LDE for year.
COLUMN 12 - Year to Date Shallow Dose (Hp(0.07)); SDE 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 doses.
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 Eye Dose (Hp(03)); Total lifetime shallow dose accumulated for the Body Region/Body Part.
COLUMN 18 - Inception Date of Lifetime; Date Lifetime started 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, Title 10, Part 20.101-20.109, U.S. Government Printing Office, Washington, DC 20402.
3. Regulatory Guide 8.7 instructions for Recording and Reporting Occupational Exposure Data "provides guidance on":
 - * Dismantling the doses in the current monitoring year for all persons who must be mentioned 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 Profitability 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 query selected by customer.
LOCATION ADDRESS: Shipping address of the Location specified by the customer.
PAGE OF : indicates number of report pages in this report.
REPORT APPROVED: TPM (Technical Program Manager) - indicates the NVLAP signatory of the doses on the report.