



To: Radiology Department

Date: July 11, 2024

Re: Quarterly & Monthly Dosimetry Reports Medical Director Review & Approval

The Occupational Radiation Summary Report provided by Mirion Technologies Dosimetry Services for the 2<sup>nd</sup> Quarter of 2024 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:	4/1/2024 - 6/30/2024		
PAGE:	1	OF:	1

WEARER IDENTIFICATION				DOSIMETER & EXPOSURE HISTORY													
NAME OR OTHER DESIGNATION	ID	SEX	BODY REGION	DOSE EQUIVALENT IN MREM FOR PERIODS INDICATED BELOW													
				MONTH TO DATE			QUARTER TO DATE			YEAR TO DATE			LIFETIME TO DATE				
				Hp(10) DEEP	Hp(3) EYE	Hp(0.07) SHALL.	Hp(10) DEEP	Hp(3) EYE	Hp(0.07) SHALL.	Hp(10) DEEP	Hp(3) EYE	Hp(0.07) SHALL.	NO. READS	PROC NOTES	Hp(10) DEEP	Hp(0.07) SHALL.	INCEPTION DATE LIFETIME
Adams, Jesse		M	WB CL				0	0	0	0	0	0	2	0	37	37	3/1/2016
Aguinaga, Steve		M	WB CL				0	0	0	0	0	0	2	0	36	36	4/16/2019
Alvarado, Julian		M	WB TR				0	0	0	0	0	0	1	0	0	0	4/15/2024
Alvarez, Nicholas		M	WB CL				0	0	0	0	0	0	2	0	0	0	10/2/2023
Galvan, Elias		M	WB CL				0	0	0	0	0	0	2	0	0	0	7/7/2017
Lovera Rivas, Silvano		M	WB CL							0	0	0	1	0	0	0	6/26/2020
Montanez, Steven		M	WB CL				0	0	0	3	3	3	2	0	42	42	8/12/2016
Morales, Stephanie		F	WB TR				0	0	0	0	0	0	2	0	0	0	2/8/2024
Rangel, Fabian		M	WB CL				0	0	0	0	0	0	2	0	10	10	3/1/2016
Rivas, Luis		M	WB CL				0	0	0	0	0	0	2	0	29	29	4/8/2019

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SEE REVERSE SIDE FOR COMPLETE REPORT DETAILS BY COLUMN NUMBER  
IT IS RECOMMENDED THAT YOU KEEP THIS REPORT FOR YOUR RECORDS  
Dosimetry Services, a Mirion Medical Company  
104 Union Valley Road, Oak Ridge, TN 37830  
US/Canada: 800-251-3331 | email: dsd-support@mirion.com  
www.mirion.com

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 AN ASTERISK (\*) IN COLUMNS 5-7, 8-10, and 11-13.** These minimal 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, quantity 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.

**OCCUPATIONAL DOSE:** Dose received by an individual in a restricted area or in the course of employment in which individual's 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 as a member of the general public.

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

**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/cm<sup>2</sup>); applies to whole body exposure.

**EYE DOSE EQUIVALENT:** LDE Incremental measurement for dose equivalent at a tissue depth of 0.3 cm (300 mg/cm<sup>2</sup>); 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/cm<sup>2</sup>); 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/cm<sup>2</sup>); applies to shallow dose of extremity.

**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:** Mirion Technologies (GDS) Inc. performs calibrations of its dosimetry systems that are traceable to NIST and is accredited by the National Institute of Standards and Technology through NVLAP.

**RADIATION TEST SOURCES:** Mirion 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 Radiations) "Requirements for the approval of dosimetry services under the Ionising Radiations Regulations 1985".

**10 CFR 20 LIMITS:**

10 CFR 20 LIMITS:	STATE LIMITS: (if applicable)
Whole Body	5,000 mrem/year 1,250 mrem/qr.
Lens of Eye	15,000 mrem/year 1,250 mrem/qr.
Skin SDE	50,000 mrem/year 7,500 mrem/qr.
Extremity	50,000 mrem/year 18,750 mrem/qr.

**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 table:

Monitored Region			
WB	= Whole Body	NPU	= Non-Personnel Use
URE	= Upper Right Extremity	ARE	= Area
ULE	= Upper Left Extremity	UNK	= Unknown
LRE	= Lower Right Extremity	NSE	= Non-Specific
LLE	= Lower Left Extremity		

**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			
Whole Body		Extremities	
Blank	Not Identified	Blank	Not Identified
CL	Collar	FN	Finger
TR	Torso		
FS	Fetus		

**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(3)) : 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(3)) : 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(3)) : 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 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 Shallow Dose (Hp(0.07)) : Total lifetime shallow dose accumulated for the Body Region/Body Part.

**COLUMN 18 -** Inception Date of Lifetime : Date Lifetime started with Mirion 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.  
 Ask for 10 CFR 20.

3. Regulatory Guide 8.7 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.

Dosimetry Services, a Mirion Medical Company 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 reporting sequence.

**REPORT APPROVED:** TPM (Technical Program Manager) - Indicates the NVLAP signatory of the doses on the report.