

ALARA NOTIFICATION

Date: _____
 Name: _____
 Job Title: _____

Your monitored absorbed radiation dose was: _____ mrem for the _____ Quarter of _____ . This value exceeds the ALARA level I II (Circle One) action level established by this clinic facility.

This clinic has established levels of ionizing radiation exposure which it deems As Low As Reasonably Achievable (ALARA). Your dosimeter readings for the calendar quarter noted above are in excess of the action levels of this ALARA program which are noted below.

Your whole body or waist dosimeter should be worn between your waist and collar on the frontal surface and UNDER the lead apron if provided. The collar dosimeter should be worn at that level and OUTSIDE any shielding material. If ring dosimeters are provided, left and/or right hand is noted on the label and should face the radiation source.

As a reminder, increased Distance from the radiation source, decreased TIME around the radiation source as well as increased SHIELDING from/around the radiation source are your best safeguards against excessive exposure.

This notice of ALARA violation has been noted by the Radiation Safety Officer as required and will be available for outside agency inspections. If you have any questions or concerns regarding this report, please contact me. A written explanation **IS IS NOT** (Circle One) required from you.

ALARA Action Levels	mrem / quarter	
	I	II
Whole Body or Collar	125	375
Extremities	1250	3750
Lens of Eye	375	1125

Thank You
 Radiation Safety Officer