NNSY 6470/202 (REV 01/04)

EXPOSURE AUTHORIZATION LETTER
INSTRUCTIONS

SUPDESK and ARCMIS Instructions for Verifying Valid Radiological Qualifications for Employees going Offyard Requiring an Exposure Authorization Letter

General Instructions for both

A, Q, R qualified workers - The qualifications required to be verified for these workers are:

MRW - Medical Examination
CO - Internal Monitoring
Sufficient for Issue (SFI) Qualification - (A or Q or R)

"J" qualified workers - The only qualification required to be verified for these workers is:

Sufficient for Issue (SFI) Qualification - (J)

1. ARCMIS Instructions:
   a. On the Initial Menu screen, click on the DEMOGRAPHICS button, click on the DISPLAY PERSON button.
   b. Enter worker's check number, click OK or press "Enter" key.
   c. Once the record is retrieved, click on the OTHER FUNCTIONS button, then click on the QUALbutton.
   d. Verify the following columns on the screen:
      1. Qualification Code - refer to General Instructions above
      2. Qualified Column - **equals Y (yes)**
      3. Expiration Date - **Date has to be greater than the trip end date**
      4. Current DINAs - **NONE**
2. SUPDESK Instructions:
   a. Click on the employee icon
   b. Highlight employee record from hit list.
   c. Click on RAD data tab.
   d. Verify the following columns on the screen:
      1. Qualification Code - refer to General Instructions above.
      2. Qualified Column - **equals Y (yes)**
      3. Expiration Date - **Date has to be greater that the trip end date**
      4. Dosimetry Issue Not Authorized - **NONE**

If any conditions exist other then those listed in the instructions above, no Exposure Authoriztion Letter will be created until the existing condition is resolved.

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EXPOSURE AUTHORIZATION LETTER

TO: RADIATION HEALTH:

DATE: _____

FROM: _____ (Requestor Name) _____ (Phone Number) _____ (Letter Pick-Up Date/Time)

Destination: (Check ✓ only one)

- ☐ NAVSHIPYD PEARL (PHNSY)
- ☐ NAVSHIPYD PORTSMOUTH (PNSY)
- ☐ NAVSHIPYD PUGET (PSNSY)
- ☐ NPTU CHARLESTON SC (NPTUSC)
- ☐ NRF IDAHO FALLS (NRF)
- ☐ NORTHROP GRUMMAN/NEWPORT NEWS SHPBLDG (NGNN)
- ☐ KNOLLS ATOMIC POWER LABORATORY - KNOLLS SITE (KAPL)
- ☐ SHIPBOARD (SPECIFY HULL NUMBER, (SSN-,CVN-, AS-)) _____
- ☐ OTHER (SPECIFY) _____
- ☐ KESSELRING SITE OPERATIONS-KAPL (KSO)
- ☐ TRF KINGS BAY GA (TRFGA)
- ☐ NRMD NEW LONDON (NRMDCT)
- ☐ ELECTRIC BOAT CORPORATION (EB)

NAME OF WORKER LAST, FIRST, MI	CHECK NUMBER	PERIOD OF TAD (DATES) START	END

NOTE: THE REQUESTOR IS RESPONSIBLE TO ENSURE PERSONNEL ON THIS REQUEST ARE FULLY QUALIFIED TO OBTAIN DOSIMETRY.

REMARKS:

DELIVER OR FAX THIS COMPLETED REQUEST TO THE RADIATION HEALTH OFFICE:

NNSY (BLDG. 269) 396-2181 ***OR*** NRMD (BLDG. CEP-198) 444-2231