

DATA ITEM DESCRIPTION			Form Approved OMB No. 0704-0188 Exp. Date: Jun 30, 1986	
1. TITLE Suspected Radiofrequency Radiation (RFR) Overexposure Report		2. IDENTIFICATION NUMBER DI-EMCS-80157		
3. DESCRIPTION/PURPOSE 3.1 This information will be used to provide the initial information on the suspected RFR overexposure. In addition this detailed information will be necessary to duplicate the incident later and may be used in subsequent compensation and/or litigation actions.				
4. APPROVAL DATE (YYMMDD) 860401	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR) F/AFSPACECOM-SGB	6a. DTIC REQUIRED	6b. GIDEP REQUIRED	
7. APPLICATION / INTERRELATIONSHIP 7.1 This data item description contains the format and content preparation instructions for the data product generated by the specific and discrete task requirement for this data included in the contract. 7.2 This data item may be applied in any contract to acquire Radio Frequency Radiation overexposure reports.				
8. APPROVAL LIMITATION		9a. APPLICABLE FORMS	9b. AMSC NUMBER E3820	
10. PREPARATION INSTRUCTIONS 10.1 <u>Contract</u> . This data item is generated by the contract which contains a specific and discrete work task to develop this report. 10.2 <u>Format</u> . Data shall be forwarded by letter or message in contractor format. 10.3 <u>Content</u> . The Suspected Radiofrequency Radiation Overexposure Report shall contain the following data elements: a. Name, Rank, and Social Security Number of individual(s) alleged or suspected of being overexposed. b. Radiofrequency emitter nomenclature and operating parameters at the time of the incident (frequency, peak and average power, gain, sweep characteristics, beam configuration, duty factor). c. Description of what happened, including date, place, time and duration of exposure, and the individual(s) positions relative to the radiofrequency emitter. d. Name, rank (if applicable), address, and telephone number of the attending physician. e. Name, rank, telephone number, of the host base bioenvironmental engineer supporting the base in accordance with the applicable host-tenant support agreement. f. Medical status of the exposed individual(s), i.e., is the patient in any immediate danger, the existence of any significant signs or symptoms of injury or illness requiring diagnostic evaluation or treatment. g. Indicate if the incident has been reported to the site commander. Also, indicate the time, date, and any other on-site actions taken.				