MISSING/DAMAGED PERSONNEL DOSIMETER REPORT

In order to maintain complete and accurate personnel dosimetry records for all badged individuals, please complete this form if your dosimeter (whole body badge and/or extremity ring) is lost, damaged, or erroneously exposed during a monitoring period.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | **FSUID** | |  | | | | | |
| **Email** |  | | | | | | | | | **Phone** | |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Badge Type** | |  | Whole Body | |  | Ring | | | **Badge Status** | |  | Lost |  | | Damaged |  | Exposed |
|  | | | | | | | | | | | | | | | | | |
| **Monitoring Period** | | **Month(s)** | |  | | | **Year** |  | | **Date of Incident** | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **Brief Description** | |  | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- |
| **To estimate your dose during the monitoring period, please complete the following information.** | | | | |
| I believe my radiation exposure for this period: | | | | |
|  | was similar to my average past exposures. | | | |
|  | | | | |
|  | was SIGNIFICANTLY DIFFERENT than my average past exposures due to the following circumstances: | | | |
|  | |  | | |
|  | |  | | |
|  | | | | |
|  | was similar to other staff/students in my lab listed below: | | | |
|  | | | | |
| **Name** | |  | **Name** |  |
|  | | | | |
|  | was *ZERO* because I did not work with or near ionizing radiation for the entire monitoring period. | | | |
|  | |  |  |  |
| **Signature** | |  | **Date** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dose Estimate - For RSO Use Only** | | | | | | | | | Date Received | |  | | | | | |
| q No dose – no exposure to ionizing radiation | | | | | | | | | | | | | | | | |
| Previous doses for wearer | | | | | | | | | | | | | | | | |
|  | Wear Period | |  | | Dose |  | | Wear Period | |  | | | | Dose | |  |
|  | Wear Period | |  | | Dose |  | | Average Dose | | | | | | | |  |
| Doses for identified similar staff/students | | | | | | | | | | | | | | | | |
|  | | Wearer ID |  | | Dose |  | | Wearer ID | |  | | | | | Dose |  |
| **Assigned Dose** | | |  | **RSO Signature** | | |  | | | | | **Date** |  | | | |