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** |  |