

REPORT ON MISSING PERSONNEL RADIATION MONITORING BADGE

(Please Print)

I, _____ lost my radiation monitoring badge for the month/quarter beginning_____. It was last worn on (date)_____. I have made a considerable effort to recover the badge but have been unable to do so. I understand that I will be assigned a dose equivalent in lieu of the missing dosimetry information. This will be a best estimate based on my previous exposures or a maximum based on the allowable limit, provided there is reason to believe such a dose equivalent my have been received. I also understand that the assigned dose could result in a temporary restriction of my work around ionizing radiation.

I have been informed that if I find my lost badge, I am to discontinue wearing my spare badge and wear **my original badge only**.

In the space provided below (and/or on a separate attachment), I have given a description of my work-related exposure for the days my lost badge was worn. I have also given **my own estimate** of the amount of radiation I believe I received.

Personnel Radiation Monitoring Badge Wearer (date)

To Be Completed by the Radiation Safety Division

Participant Number of Lost Badge _____
Participant Number of Replacement Badge _____
Final Assigned Dose Equivalent _____ millirem

Series Code _____
Issue Date _____

Radiation Safety Officer (date)

Keep a copy for your department and forward the original to the Radiation Safety Division.