



MISSING/DAMAGED DOSIMETER REPORT

This information may be used to estimate your radiation exposure for the wear period(s) involved.

Please fill out this report for missing or damaged dosimeter(s). One form may be used for multiple wear periods, *if there was minimal radiation activity during the month*. However, if activities varied from month to month, then a separate form must be used for each wear period in order to correctly assign an estimated dose.

TO BE FILLED OUT BY AREA DOSIMETER COORDINATOR (ADC):

Series Code: _____ ADC Name: _____ Phone #: _____

Badge (Dosimeter) User's Name: _____ Participant #: _____

TO BE FILLED OUT BY BADGE (DOSIMETER) USER:

Type of Badge: Whole Body Whole Body with Neutron Fetal Other (describe) _____
Ring(s): Right Hand Left Hand

Problem: Missing Damaged Wear Period Being Reported: Month _____ Year _____

1. Describe how the dosimeter was lost/damaged or why it was not returned:

2. Work you performed and locations of use during the respective wear period (provide adequate detail):

3. Personnel who worked in the same area(s) and performed the same general duties during the same wear period:
Name: _____ Department: _____
Name: _____ Department: _____
Name: _____ Department: _____

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY RADIATION SAFETY OFFICE:

- No dose estimate is required. This participant is not likely to exceed 10% of the Annual Limits for Occupational Radiation Exposure.
- Due to the reasons stated above, the dose for this dosimeter(s) for this wear period must be estimated in accordance with WAC 246-221-090.
 - A. Previous doses assigned to participant while involved in similar work in the past:
Wear Period: _____ mrem
Wear Period: _____ mrem
Wear Period: _____ mrem
 - B. Estimated average based on Personnel who worked in the same area(s) and performed the same general duties during the same wear period referenced in Item 3 above: _____ mrem
 - C. In consideration of the facts set forth in A. and B. above, the following estimated dose is assigned:
Wear Period: _____ mrem

SIGNATURE OF HEALTH PHYSICIST: _____ DATE: _____