

LOST / DAMAGED DOSIMETER REPORT

Instructions: It is our responsibility to estimate your dose if your dosimeter is lost or damaged. Our estimate is based on your usual dose and activities, and your activities during the monitor period. Please complete the top half of this form and fax it to Health Physics at 723-0632.

LAST NAME	FIRST NAME	MI	<input type="checkbox"/> STANFORD <input type="checkbox"/> VAPAHCS
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DEPARTMENT	POSITION*	EMAIL	PHONE #	CRA/PI
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*POSITION: Faculty, Post-Doc, Visiting Scientist, Student, Staff

DOSIMETRY ACCOUNT #	LOCATION #	WB DOSIMETER # _____ RING DOSIMETER # _____	WEAR PERIOD
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Describe the sources of radiation that you personally worked with day to day during the monitor period. For radioactive materials, describe the radionuclides and activities, and hours of use each day. For devices identify the type of device, room number, and hours of use each day. Also describe the level of use for other individuals in your work area.

Was the level of use greater, similar to, or less than usual? Greater Similar Less

To the best of my knowledge, I believe the above statements are true and the estimated radiation dose may be entered into my exposure record.

Signature

Date

OFFICE USE ONLY

Attach wearer's dose for the past 12 months

Telephone Email Workplace interview conducted date: _____ time: _____

Millirem to be assigned: Deep _____ Eye _____ Shallow _____ Notify Processor: Y N

Health Physicist

Date

Radiation Safety Officer

Date

Distribution: Original: HP dose record Copy: Monitored Individual Copy: Dosimetry Contact