

**RECORD OF
LOST/DAMAGED RADIATION BADGE**

Name of Individual Monitored: _____

Social Security Number: _____

Principal Investigator: _____

Department: _____ Lab phone #: _____

Describe circumstances surrounding lost/damaged badge:

Signature of Monitored Individual: _____

Monitoring Period of Lost/Damaged Badge: _____

Dose Assessment: *(Remaining sections to be completed by RSO)*

Badge Type:

Exposure for Period:

_____ Whole Body

_____ milliRem

_____ Ring

_____ milliRem

Method of determining exposure:

_____ Six month average

_____ Average of similarly exposed personnel

_____ Other (describe):

Signature: _____ Date: _____