

SLAC Lost / Damaged Dosimeter Form

1. Reason For Reporting or Requesting Replacement: (Circle letter)

- A. Lost dosimeter
 B. Damaged dosimeter
 C. Non-SLAC exposure event (*X-ray, airport, medical treatment*)
 D. Other: _____
- Today's date: _____
 Loss/damage date: _____

2. Your Contact Information

- Name: _____ SLAC phone: _____ Dosimeter #: _____
 (on back of dosimeter)
 SLAC employee
 Visitor or subcontractor* SLAC ID#: _____ Monitoring period
 Begin date: _____
 (on back of dosimeter)
 End date: _____
 *Provide SLAC point of contact
 information and
 employer: _____ Supervisor: _____
 Employer contact Supervisor's phone: _____
 phone: _____ Monitoring category:
 RWT (or Quarterly)
 GERT (or Annually)
 TEMP (or Monthly)

3. Lost Dosimeter: Dose Investigation Questionnaire (for damaged or compromised dosimeter, go to Section 4)

A. Where were you the last time you knew you still had your dosimeter?

When were you first aware that it was gone?

B. Did you enter any of the following posted areas during this monitoring period? (circle yes or no) YES NO
 Radiologically Controlled Area (RCA), Radiation Area, High Radiation Area, Very High Radiation Area,
 Contamination Area, or Radioactive Material Area

If YES, please specify the type of area, location, and length of stay.

_____ hours

If you were wearing a supplemental dosimeter, such as electronic dosimeter or pocket ion chamber (PIC),
 what was the reading when you exited? _____

C. List any co-workers that were with you in the area listed in B above.

Name: _____ Ext. _____
 Name: _____ Ext. _____

If no one was with you, list co-workers you generally worked with during the indicated monitoring period:

Name: _____ Ext. _____
 Name: _____ Ext. _____

4. Damaged or Compromised Dosimeter Questionnaire

Do you suspect that your dosimeter could have received non-occupational radiological exposure? YES NO
 (circle yes or no)

If yes, please provide detail:

- X-rays (medical x-rays or security system, such as an airport x-ray machine)
 Medical radionuclides (diagnostic or therapeutic)
 Exposure to activated materials or exposure to beam in an accelerator housing

Additional information:

5. Signature

The reported information is true to the best of my knowledge.

Reported by: _____ (print name) _____ (signature) _____ (date)

Send completed form to Radiation Protection (RP) Dosimetry Group, Mailstop 84