



SLAC Lost / Damaged Dosimeter Form

Product ID: 239 | Revision ID: 2143 | Date Published: 16 July 2019 | Date Effective: 16 July 2019

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/radFormDosimeterLost.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

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

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

2. Your Contact Information

Name: _____	SLAC phone: _____	Dosimeter #: _____ <i>(on back of dosimeter)</i>
<input type="checkbox"/> SLAC employee	SLAC ID#: _____	Monitoring period
<input type="checkbox"/> Visitor or subcontractor*	SLAC group: _____	Begin date: _____ <i>(on back of dosimeter)</i>
*Provide SLAC point of contact information and employer: _____	Supervisor: _____	End date: _____
Employer contact phone: _____	Supervisor's phone: _____	Monitoring category:
		<input type="checkbox"/> RWT (or Quarterly)
		<input type="checkbox"/> GERT (or Annually)
		<input type="checkbox"/> 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 48,
or drop off at SLAC Site Security