



SLAC Lost / Damaged Dosimeter Form

ENVIRONMENT, SAFETY & HEALTH DIVISION

To ensure accurate and complete dose reporting, dosimeters that are lost, damaged, or exposed to non-occupational or non-SLAC radiation must be declared as such by completing and submitting this form to SLAC Site Security (Building 53) or to the Radiation Protection (RP) Dosimetry Group (Mailstop 48 or esh-drep@slac.stanford.edu). A new dosimeter will be issued. (See [Radiological Safety: Personnel Dosimeter Requirements](#) [SLAC-I-760-0A07S-001].)

| | |
|--|---|
| 1. Reason for Reporting or Requesting Replacement (<i>check one</i>) | |
| <input type="checkbox"/> Lost dosimeter | <input type="checkbox"/> Non-SLAC exposure event (<i>x-ray, airport, medical treatment</i>) |
| <input type="checkbox"/> Damaged dosimeter | <input type="checkbox"/> Other |
| Today's date | Loss / damage date |

| | | |
|--|---|---------|
| 2. Your Contact Information | | |
| Name | Phone | SLAC ID |
| Personnel type (<i>check one</i>) | | |
| <input type="checkbox"/> SLAC employee | <input type="checkbox"/> Visitor or subcontractor | |
| SLAC group | SLAC point of contact | |
| Supervisor | Employer | |
| Phone | Phone | |

| | |
|--|---|
| 3. Dosimeter Information | |
| Dosimeter number (<i>back of dosimeter</i>) | |
| Monitoring begin date (<i>back of dosimeter</i>) | Monitoring end date |
| Monitoring category (<i>check one</i>) | |
| <input type="checkbox"/> GERT / RWT (quarterly) | <input type="checkbox"/> TEMP (monthly) |

| | | |
|---|---|--|
| 4. Lost Dosimeter / Dose Investigation Questionnaire (<i>for damaged or compromised dosimeter, go to Section 5</i>) | | |
| A. Where were you the last time you knew you still had your dosimeter? | | |
| B. When were you first aware that it was gone? | | |
| C. Did you enter any of the following posted areas during this monitoring period? (<i>check all that apply</i>) | | |
| <input type="checkbox"/> Radiologically Controlled Area (RCA) | <input type="checkbox"/> Radiation Area | <input type="checkbox"/> High Radiation Area |
| <input type="checkbox"/> Very High Radiation Area | <input type="checkbox"/> Contamination Area | <input type="checkbox"/> Radioactive Material Area |
| If any above are checked: | Location | 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? | | |
| D. List any co-workers that were with you in the area listed in C above. | | |
| Name | Phone | |
| Name | Phone | |

| | |
|---|-------|
| Name | Phone |
| Name | Phone |
| If no one was with you, list co-workers you generally worked with during the indicated monitoring period. | |
| Name | Name |
| Name | Name |
| Name | Name |
| Name | Name |

| | |
|---|--|
| 5. Damaged or Compromised Dosimeter Questionnaire | |
| Do you suspect that your dosimeter could have received non-occupational radiological exposure? (check yes or no) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide detail: <input type="checkbox"/> X-rays (medical x-rays or security system, such as an airport x-ray machine) <input type="checkbox"/> Medical radionuclides (diagnostic or therapeutic) <input type="checkbox"/> Exposure to activated materials or exposure to beam in an accelerator housing | |
| Additional information | |

| | |
|---|------|
| 6. Reported by | |
| The reported information is true to the best of my knowledge. | |
| Name | |
| Signature | Date |

Send completed form to Radiation Protection (RP) Dosimetry Group, Mailstop 48 or esh-drep@slac.stanford.edu, or drop off at SLAC Site Security, Building 53.