

Chapter 9: <u>Radiological Safety</u> SLAC Lost / Damaged Dosimeter Form

Product ID: <u>239</u> | Revision ID: 2536 | Date Published: 20 December 2022 | Date Effective: 20 December 2022 URL: <u>https://www-group.slac.stanford.edu/esh/eshmanual/references/radFormDosimeterLost.pdf</u>

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 <u>esh-drep@slac.stanford.edu</u>). A new dosimeter will be issued. (See <u>Radiological Safety: Personnel Dosimeter Requirements</u> [SLAC-I-760-0A07S-001].)

□ Lost dosimeler □ One-SLAC exposure vert (x-ray, aiport, medical treatment) □ Danaged dosimeler □ Other Today's date □ Loss / damage date 2 Your Contact Information □ SLAC exposure vert (x-ray, aiport, medical treatment) Name Phone SLAC ID Personnel type (check one) □ Visitor or subcontractor SLAC group SLAC group SLAC point of contact SLAC group SLAC group SLAC point of contact Employer Supervisor Phone ■ Prone ■ ■ Obsimeter Information Employer ■ Dosimeter Information Monitoring end date ■ Monitoring begin date (back of dosimeter) Monitoring end date ■ Monitoring category (check one) ■ ■ ■ Lost Dosimeter Information ■ ■ ■ ■ A Where were you the last time you knew you suill had your dosimeter/ ■ ■ ■ ■ A Uset Subsidiation Area ■ High Radiation Area ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	1. Reason for Reporting or Requesting Replacer	ment (check one)			
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2. Your Contact Information Name Phone SLAC ID Personnel type (check one)	□ Damaged dosimeter		□ Other		
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Personnel type (check one) Visitor or subcontractor SLAC employee SLAC point of contact SLAC group SLAC point of contact Supervisor Employer Phone Phone 3. Dosimeter Information Pointer (back of dosimeter) Monitoring begin date (back of dosimeter) Monitoring end date Monitoring category (check one) GERT / RWT (quarterly) G ERT / RWT (quarterly) TEMP (monthly) 4. Lost Dosimeter / Dose Investigation Questionnaire (for damaged or compromised dosimeter, go to Section 5) A. Where were you the last time you knew you still had your dosimeter? B. When were you thist aware that it was gone? C. Did you enter any of the following posted areas during this monitoring period? (check all that apply) Radiologically Controlled Area (RCA) Radiation Area Yery High Radiation Area Contamination Area Very High Radiation Area Location Length of stay (hours) 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. Phone	2. Your Contact Information				
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Name Phone	Name		Phone	Phone	
	Name		Phone		

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

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 <u>esh-drep@slac.stanford.edu</u>, or drop off at SLAC Site Security, Building 53.