



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Radiation Safety Office
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MISSING/DAMAGED PERSONNEL DOSIMETER REPORT

In order to maintain complete and accurate personnel dosimetry records for all badged individuals, please complete this form if your dosimeter (whole body badge and/or extremity ring) is lost, damaged, or erroneously exposed during a monitoring period.

Name _____ FSUID _____

Email _____ Phone _____

Badge Type [] Whole Body [] Ring Badge Status [] Lost [] Damaged [] Exposed

Monitoring Period Month(s) _____ Year _____ Date of Incident _____

Brief Description _____

To estimate your dose during the monitoring period, please complete the following information.

I believe my radiation exposure for this period:

- [] was similar to my average past exposures.
[] was SIGNIFICANTLY DIFFERENT than my average past exposures due to the following circumstances:

- [] was similar to other staff/students in my lab listed below:

Name _____ Name _____

- [] was ZERO because I did not work with or near ionizing radiation for the entire monitoring period.

Signature _____ Date _____

Dose Estimate - For RSO Use Only

Date Received _____

- [] No dose - no exposure to ionizing radiation

Previous doses for wearer

Wear Period _____ Dose _____ Wear Period _____ Dose _____
Wear Period _____ Dose _____ Average Dose _____

Doses for identified similar staff/students

Wearer ID _____ Dose _____ Wearer ID _____ Dose _____

Assigned Dose _____ RSO Signature _____ Date _____