

LOST OR DAMAGED DOSIMETER REPORT

Name: _____

Date Aware of Dosimeter Loss/Damage: _____

Dosimeter Type: (Whole Body, Extremity) _____

Was Your Use of Radioactive Material This Quarter Similar to Last Quarter ? _____
(If No, List Differences)

Radioisotopes and Activities Used This Calendar Quarter:

<u>Isotope</u>	<u>Activity (?Ci)</u>
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For EH&S Use

Lost Badge #'s _____ Replacement Spare Badge #'s _____

Dose Allocated _____ (mRem)

Comments: _____

