



UNIVERSITY RADIATION SAFETY OFFICE

LOST DOSIMETER REPORT

Name:

U.ID#:

Date of Birth:

Type of Dosimeter:

Period for which dosimeter was lost:

Circumstances surrounding loss:

Describe your exposure during this period:

Similar to previous dosimetry periods.

Did not encounter any radiation sources.

Probably higher than previous dosimetry periods. Describe:

List people who perform similar tasks:

Signature/Date

For Radiation Safety Officer Review

Comments:

Estimated Exposure:

Radiation Safety Officer Signature/Date: _____

Cc: _____