

UNIVERSITY OF NEVADA, LAS VEGAS
RADIOLOGICAL SAFETY OFFICE
 4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
 (702 895-4226)

LOST BADGE REPORT

Name (Print)

Social Security Number

I have been notified that the radiation dosimeter number _____ issued to me on (Date) _____ has not been returned or was not read for other reasons. I am submitting the following information covering the period of time (two months following date of issue) relevant to the missing dosimetry:

Work Location While Wearing Badge:

(Name of all clinics, hospitals, universities, etc)

Start Date: _____

End Date: _____

(Should correspond to date badge was issued)

(Should correspond to badge was lost)

Type of work done during this time period:

(Fluoro, C-arm, Still Radiography, I-125 work, etc.)

Total Hours Worked During Month(s): _____

(Should correspond to total hours badge worn)

Name of Person(s) Who I worked with during this time period: _____

I understand that the Radiological Safety Office will estimate the dose accumulated during the period in question from dosimetry records of those who accompanied me into the work area, other comparable dosimetry records and my own exposure history.

Signature

Date

User Name

Signature

Date

===== Do Not Write Below This Line =====

Lost Dosimeter Number _____ Lost Dosimeter Type _____ Group _____ Department _____

Date Dosimeter Issued _____ Dose Estimate (millirem) (Deep: _____), (Eye: _____), (Shallow: _____)

Signature

Date