

UCSF LOST DOSIMETER REPORT

Date: _____

To: UCSF Dosimetry Coordinator, phone 476-5505

Instruction: Return report to the UCSF Dosimetry Coordinator at Box 0942 or by FAX 476-0581.

Wearer: Last Name _____

First Middle _____

Principal Investigator : _____

Campus, Building, Room: _____

Exposure Period: From _____ to _____

Check applicable boxes.

- My **film badge** [] / **ring** [] has / have been lost.
- I **conducted** [] / **did not conduct** [] radiation work during the exposure period.
- I **have** [] / **have no** [] reason to believe that I have received radiation dose in excess of my normal dose.

Wearer Signature: _____

Lab Supervisor: _____

The lab supervisor may sign this report when the wearer is on extended leave or has left UCSF and the wearer is not available to sign the report.

Comment:

Assigned dose: _____ millirem

Wearer #: _____ Location #: _____

RSO Review: _____ Date: _____