MISSING/DAMAGED PERSONNEL DOSIMETER REPORT

In accordance with OAR 333-120-0650, this required information is used to estimate your radiation exposure for the wear period indicated. Fill out this report and return it by campus mail to Radiation Safety Office, Oak Creek Building.

1. Name (printed):

2. Identification number (OSU ID):

3. Department/Program Director:

4. For the wear period:

5. Badge report:
   - Body badge unreturned
   - Body badge damaged
   - Left ring unreturned
   - Left ring damaged
   - Right ring unreturned
   - Right ring damaged

6. Other (Explain):

This section to be completed by badge user:

7. I believe my radiation exposure for this period:
   a. _____ was NOT significantly different than my average past exposure.
   b. _____WAS significantly different than my average past exposure. Location and circumstances:

   c. _____ was similar to other staff/students in my group for this period.
   d. _____ was ZERO because I did not work with or near ionizing radiation during this period.

8. Signature:

For Radiation Safety Office Use Only

- Badge type: __________________________
- Frequency: Mthly [ ] Qtrly [ ]
- Badge ID: __________________________
- Group Name: __________________________
- Date sent: __________________________
- Dose assigned (rem): __________________________
- Date returned: __________________________
- Health Physicist signature: __________________________

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