



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:

<input type="checkbox"/> Body badge unreturned	<input type="checkbox"/> Left ring unreturned	<input type="checkbox"/> Right ring unreturned
<input type="checkbox"/> Body badge damaged	<input type="checkbox"/> Left ring damaged	<input type="checkbox"/> 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 <input type="checkbox"/> Qtrly <input type="checkbox"/>
Badge ID: _____	Group Name: _____
Date sent: _____	Dose assigned (rem): _____
Date returned: _____	Health Physicist signature: _____