



For Office Use Only

Estimate _____

Bill Rec. _____

Card Rec. _____

To:

Date:

From: Radiation Safety Office

Re: Dose Estimate for Lost Radiation Dosimeter

A lost badge was reported by/for you. We will attempt to estimate the dose you received while wearing the lost dosimeter and add this estimate to your radiation dose history. To estimate the dose, we need certain information. Please complete this form, providing specific answers to all items, especially 4 - 7, and FAX it to Radiation Safety. Responses like "don't know," "very small," or "same as usual" are not useful. If you have questions, e-mail radpro@fpm.wisc.edu.

1. Last Name: _____ 2. Social Security #: _____
(last) (first)

3. Type Dosimeter: _____ Whole-body badge _____ Ring badge _____ Collar badge

4. I wore the lost badge **From:** _____, 200____ **To:** _____, 200____

5. I worked with or around the following types of radiation:

a. Machine produced radiation (e.g., x-rays)

_____ I worked directly with Radiographic or Fluoroscopic x-ray systems

_____ I worked in a facility where others used x-ray systems

I wore a protective apron and other protective equipment: **YES** _____ **NO** _____

b. Radioactive materials radiation

Radionuclide	Activity (mCi)	Total Time Exposed (hrs)
_____	_____	_____
_____	_____	_____

Lab uses shielding for high energy beta and gamma emitters: **YES** _____ **NO** _____

c. Other (specify) _____

6. _____ I estimate my dose to have been _____ millirems.

_____ I would like Radiation Safety to estimate my dose.

7. If you estimated your dose, which of the common methods did you use in this estimate.

_____ Reading is equal to the highest I have received while performing the same duties.

_____ The same dose reported for others doing the same procedures.

_____ Area monitors in my work area gave this reading; the reading for the lost badge is less than or equal to that of the monitors.

_____ This is a calculated dose (include a summary of how the calculations were done).

_____ I did not use any x-, gamma, or high energy beta radiation.

Signature: _____

Date: _____

Safety Department

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