

**Health Physics/Radiation Safety** 

## LOST/DAMAGED DOSIMETER FORM (rev. 07/05/2024)

INSTRUCTIONS – Whenever a dosimeter is lost, please complete this form and email it to the Health Physics Dosimetry Coordinator, MC8007, or email it to <a href="mailto:redmanha@stanford.edu">redmanha@stanford.edu</a>, or Fax it to Health Physics at 650-723-0632. Our responsibility is to estimate your dose when your dosimeter is lost or damaged. Our estimate is based on your usual dose and your activities during the monitoring period. If a spare dosimeter was assigned to the user, please complete a spare assignment form in addition to this form.

Wearer First Name:		Wearer Last I	Name:				
Wearer Email:		Employee ID Number:					
	r Period (date range the						
dosimeter would ha							
Date the dosimeter							
Does the wearer wear a lead apron?	YES□				NO [		
•	vities: adiation sources you work ou received your new dos		•	_			
sources during this til	me period was greater tha	n typical, typic	cal, or le	ss tha	ın typic	al.	
Dosimetry Account	Information (your site co	ntact should	have thi	is info	rmatio	 on):	
Contact Person:		Conta	ct Email	l:			
Department or Lab:		Accou	ınt Num	ber:			
Subaccount Numbe	r (Landauer dosimeters) c	or					
Location Number (M	lirion Dosimeters):						
	th Physics Office Only):						
Estimated Radiation	Dose and Explanation:						
Health Physicist							
Signature:							
RSO Signature:							