

Health Physics/Radiation Safety

**LOST/DAMAGED DOSIMETER FORM (rev. 02/11/2026)**

Whenever a dosimeter is lost, damaged, or exposed to non-occupational sources, please complete this form and email it to the Dosimetry Coordinator Diana Garcia [dianagar@stanford.edu](mailto:dianagar@stanford.edu) . A dose estimate will be calculated for the monitoring period that was covered by the lost dosimeter.

Wearer First Name:		Wearer Last Name:	
Wearer Employee Email:			
Today's Date:			
Lost Dosimeter Wear Period (date range the dosimeter would have been worn if not lost):			
Date the dosimeter was lost:			
Was a spare assigned after the dosimeter was lost? If so, please complete a spare assignment form.	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
Specify which dosimeter(s) was lost (whole-body, right ring, left ring):			

**\*What Happened?** Was the dosimeter lost, damaged (crushed, soaked, etc.), given non-occupational exposure (i.e., sent through airport luggage x-ray, worn during dental x-rays), or something else?

**\*Radiation Work Activities:**

Estimate if your work with radiation sources during this time period was greater than typical, typical, or less than typical. If you performed any unusual work, briefly explain what radiation sources you worked with.

**\*Dosimetry Account Information:**

Institution: (SHC, SCH, SU, VAPA)		Department or Lab:	
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**Dose Estimate (Health Physics Office Only):**

Estimated Radiation Dose and Explanation:	
Health Physicist Signature:	