

RADIATION SAFETY OFFICE

4505 MARYLAND PARKWAY, LAS VEGAS, NEVADA 89154-1042
(702) 895-4226

LOST BADGE REPORT

NAME (Print): UNLV ID Number:

I have been notified that the radiation dosimeter number issued to me on (Date) has not been returned or was not read for other reasons. I am submitting the following information covering the period of time relevant to the missing dosimetry:

Work Location While Wearing Badge:

(Name of all clinics, hospitals, universities, etc.)

Start Date: End Date:
(Should correspond to date badge was issued) (Should correspond to date badge was lost)

Type of work done during this time period:

(Fluoroscopy, C-arm, Still Radiography, I-125 work, etc.)

Total Hours Worked During Month(s):

(Should correspond to total hours badge worn)

Name of Person(s) Who I worked with during this time period:

I understand that the Radiological Safety Office will estimate the dose accumulated during the period in question from dosimetry records of those who accompanied me into the work area, other comparable dosimetry records and my own exposure history.

Signature Date

User Name Signature Date

Do Not Write Below This Line

Lost Dosimeter Number Lost Dosimeter Type Group

Department Date Dosimeter Issued

Dose Estimate (millirem) (Deep :), (Eye :), (Shallow :)

Signature Date