

## Missing/Damaged Dosimeter Report Form

**Purpose:** This form is to document the loss or damage of an individual monitoring device (dosimeter) and to facilitate a dose estimation for the affected period.

### Completed by Wearer

#### 1. Worker Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Position/Title : \_\_\_\_\_

#### 2. Dosimeter Information

Type :      Whole Body ☐      Finger Ring ☐      Other (Specify): \_\_\_\_\_

Wear period of missing/damaged dosimeter: \_\_\_\_\_

#### 3. Exposure Information

Describe the work performed with potential for exposure for the affected period. Include number of times when exposure may have occurred:

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Was the work performed similar to previous wear periods? Yes ☐      No ☐

If no, describe the difference such as more or less exposure:

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I confirm that the information provided in this report is accurate to the best of my knowledge.

Worker Signature: \_\_\_\_\_ Date : \_\_\_\_\_

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**Complete and email to RadSafety@Illinois.edu.**

# Confidential

## Completed by DRS

Replacement dosimeter issue date: \_\_\_\_\_

Wear period of missing/damaged dosimeter: \_\_\_\_\_

Dose assigned: \_\_\_\_\_

### Exposure Assessment Method:

(Provide details on how the exposure was calculated, such as dose history, work performed, and exposure estimation methods)

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Person assigning dose: \_\_\_\_\_ Date: \_\_\_\_\_

This form, along with the calculated exposure results, will be maintained as part of the individual's radiation exposure records per regulatory requirements.