

Estimated Exposure for Lost or Damaged Dosimeter

Name: _____

Social security no.: _____

Period for which estimate is required: _____ to _____

Reason for estimate:

Damaged dosimeter Lost or stolen dosimeter Other

This estimate will become part of your permanent exposure history at Old Dominion University.

In order to assist with estimating your radiation exposure, please provide the Radiation Safety Office with the following information:

A. Describe any sources of radiation to which you were occupationally exposed during the above period (specific radionuclides and/or radiation producing machines).

B. Describe the procedures you performed with the source(s) and the duration of the exposure(s).

C. Procedures performed with the source(s):

Routine / similar to those performed in preceding months

Dissimilar to those performed in preceding months

D. List any co-workers (badged by Old Dominion University) who may have had similar exposure during the same time period:

Radiation Safety Office

Estimated exposure: _____ rem (to be permanently assigned to wearer)

Signature of responsible individual: _____

Title: _____