



LOST DOSIMETER INVESTIGATION REPORT

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|------------------------------------|--|-------------------------------------|
| Participant Name | UGA ID Number | Landauer Participant # |
| | | |
| Monitored Period | Badge Series Name | Badge Series Code |
| | | |
| Principal Investigator Name | Principal Investigator Department | Principal Investigator Email |
| | | |

Please answer the following questions in support of determining a radiation exposure estimate for the monitoring period.

| | | |
|--|---|-------------|
| At what UGA location(s) did the individual work where he/she had the potential for exposure to radiation or radioactive materials? (department, building, room numbers) | | |
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| Did the potential radiation exposure include X-rays? Yes No | | |
| If yes, please describe the duties and the approximate frequency (average number of hours/day, days/week) these duties were performed during the exposure period. | | |
| | | |
| Did the potential radiation exposure include radioactive materials? Yes No | | |
| If yes, please specify the radioisotopes used, form (sealed or unsealed), and typical quantity (millicurie, microcurie, etc.) exposed to. Also please describe the approximate frequency (average hours/day, days/week) of performance of these activities during the exposure period. | | |
| | | |
| During the exposure period, was the individual's work typically performed in close proximity to another badged radiation worker? Yes No | | |
| If yes, please provide the name(s) of each badged individual. | | |
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| If the individual was badged during a previous monitoring period, were the activities performed, locations worked, and sources of radiation basically the same during the two monitoring periods? Yes No | | |
| If yes, please provide dates of previous monitoring period. | | |
| | | |
| The questions above were answered by: | Signature | Date |
| | | |
| ↓ RSO USE ONLY BELOW THIS LINE ↓ | | |
| Estimated Exposure | Estimate Determined By (Signature) | Date |
| mrem | | |
| Basis of Exposure Estimate | | |