

Loss of Personal Radiation Badge Form

This form is used to report the loss of a personal radiation badge. Please fill out this form and email to RadSafe@UTSouthwestern.edu. If you have any questions, please contact the Radiation Safety Office at (214) 645-1353.

Please complete the following information:

Name:		Employee ID:
Birth Date:	Female Male	RDC PIN:
Main Facility: Children's Health University Hospitals Parkland Health UTSW-Research		Department:
		Series Code:
Monitoring Period(s) Radiation Badge Lost:	Type of Badge(s) Lost (Check all that apply): Collar Chest Fetal Waist Ring	
Reason for loss or not returning radiation badge:		
Employee Signature:		Date:

State Regulations require the information in this report be completed and filed with your personal radiation badge records for each monitoring period for which a radiation badge was not returned for processing. The radiation badge supplier will add the calculated or assessed dose to the employee's lifetime dose.

The following are acceptable calculation methods for dose assessment:

- Calculating employee's exposure based on occupancy and employee workload;
- Reviewing radiation dose reports and pocket dosimetry reports of other individuals who worked with the employee during the reporting period;
- Obtaining an average dose by using the employee's radiation dose reports for at least the previous six months provided that the employee's duties and workload were not significantly different from those during the six-month period;
- Issuing the highest dose received by the employee during the last 12-month monitoring period;
- Assessing the employee's maximum permissible dose for the reporting period;
- Using the current radiation badge supplier's approved program for estimating the dose for lost/missing radiation badges.

<i>For Radiation Safety Office Use Only</i>	
Method of Dose Calculation: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>	Badge Location: _____
Calculated Dose (mrem): DDE _____ LDE _____ SDE _____ Extremity _____	
Corrective Action Taken (if any): _____ _____ _____	
Radiation Safety Officer's Signature:	Date: