

Loss of Personal Radiation Badge Report

This form is used to report the loss of a personal radiation badge. Please fill out this form and return to Pam Vargas, Radiation Safety, UT Southwestern, Mail code 9053. If you have any questions or concerns, please contact Pam Vargas at (214) 648-3204 or the Radiation Safety Office at (214) 648-2250.

Please complete the following information:

| | | |
|--|---------------------|--|
| Last Name: _____ | First Name: _____ | Middle Init.: _____ |
| Social Security No.: _____ | Birth Date: _____ | Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> |
| Employer: UTSWMC <input type="checkbox"/> PMH <input type="checkbox"/> CMC <input type="checkbox"/> Other: _____ | | |
| Department: _____ | Division: _____ | Phone No.: _____ |
| Badge ID (if known): _____ | Badge Series: _____ | Mailcode: _____ |
| Type of Badge(s) Lost: Collar <input type="checkbox"/> Waist <input type="checkbox"/> Ring <input type="checkbox"/> Fetal <input type="checkbox"/> | | |
| Monitoring Period(s) Radiation Badge Lost: Month(s) _____ | | Year _____ |
| Reason for loss or not returning radiation badge: _____ _____ | | |
| Employee Signature: _____ | | Date: _____ |

State Regulations require that the information in this report be completed and filed with your personnel 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:

- A. Calculating employee's exposure based on occupancy and employee workload;
- B. Reviewing radiation dose reports and pocket dosimetry reports of other individuals who worked with the employee during the reporting period;
- C. 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;
- D. Issuing the highest dose received by the employee during the last 12 month monitoring period;
- E. Assessing the employee's maximum permissible dose for the reporting period;
- F. Using the current radiation badge supplier's approved program for estimating the dose for lost/missing radiation badges.

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| <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"/> | |
| Assessed Dose (mrem): Deep _____ | Shallow _____ |
| Corrective Action Taken (if any): _____ _____ | |
| Radiation Safety Officer's Signature: _____ Date: _____ | |