

## MISSING BADGE FORM

Name: \_\_\_\_\_ Department: \_\_\_\_\_

State regulations require us to maintain complete records on every person issued a badge for whom monitoring is required. We do not have a record of your radiation dose for the reporting period noted in the box below. Please either return the badge for the indicated period or complete this form. Please indicate in the designated space below a badging period (whether monthly or quarterly) when comparable radiation work was performed. The dose that is assigned for your missing badge will be the same as that received in the period which you indicate below. Return the form to your badge representative or the Department of Institutional Safety, U-0202 MCN, 2665.

Month \_\_\_\_\_

or Quarter \_\_\_\_\_

COMMENTS:

Signature \_\_\_\_\_ Date \_\_\_\_\_

OF BADGED PARTICIPANT

DIS use only

Badge Monitoring Period	
-------------------------	--

Badge Type: \_\_\_\_\_

Permanent badge number: \_\_\_\_\_

Assigned exposure: Deep (DDE) \_\_\_\_\_ mrem; Eye dose (LDE) \_\_\_\_\_  
mrem

Shallow (SDE) \_\_\_\_\_ mrem; Extremity (SDE) \_\_\_\_\_ mrem

COMMENTS:

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

—

*HEALTH PHYSICIST*

*f:\users\radsafet\badging\missbadg.frm*

Campus Mail

Radiation Dosimetry Tech.  
Department of Institutional Safety  
U-0202 MCN  
2665