

REPLACEMENT/CHANGE RADIATION MONITORING BADGE

Name: _____ Badge #: _____ (5 digit #)

Social Security #: _____ Dept.: _____

Telephone number where you can be reached: _____

Original badge was worn for period from _____ to _____ (T1)

Replacement badge covers period from _____ to _____ (T2)

Reason:

 Lost: Date Lost _____ Name Change: From: _____ To: _____ Change of department: From: _____ To: _____ Other: __________
*Employee's Signature*_____
*Date***EH&S USE ONLY**

Temp. badge issued: Body: _____ (5 digit #) Serial #: _____

Ring: _____ (5 digit #) Serial #: _____ Size: _____

Dose Estimate for Period T1 - based on the actual dose evaluated by Landauer and calculated proportionally as to the amount of time worn.

Percent of period replacement badge was worn ($P = T2/\text{wear period}$):

	Dose Equivalent (mrem)			
	Deep (DDE)	Eye (LDE)	Shallow (SDE)	Extremity (SDE)
Dose from Temporary Badge (T2)				
Estimate for T1 = [(1-P)(T2)]				
Total Dose (T1 + T2)				

COMMENTS:

Signature: _____
Safety Officer

Date: _____