**Lost/Damage Dosimeter Report**

**Instructions:**  It is our responsibility to estimate your dose if your dosimeter is lost or damaged.  Our estimate is based on your usual dose and activities, and your activities during the monitor period.  Please complete the top half of this form and email it to researchsafety@kaust.edu.sa .

|  |  |  |
| --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | **KAUST ID** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT** | **POSITION** | **EMAIL** | **PHONE#** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WB DOSIMETER #** | **RING DOSIMETER #** | **LOCATION** | **WEAR PERIOD** |
|  |  |  |  |

Describe the sources of radiation that you personally worked with day to day during the monitor period.  For radioactive materials, describe the radionuclides and activities, and hours of use each day.  For devices identify the type of device, room number, and hours of use each day.  Also describe the level of use for other individuals in your work area:

Was the level of use greater, similar to, or less than usual?         □ Greater        □ Similar        □ Less

To the best of my knowledge, I believe the above statements are true and the estimated radiation dose may be entered into my exposure record.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Radiation Safety Officer Review**

**Comments:**

**Estimated Exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**