RS-5A / Lost or Damaged Personnel Dosimeter Report

Instructions: Complete all sections as appropriate and submit electronically to the Radiation Safety Officers at **RSO@nmt.edu**

Date: _____

SECTION 1 – Applicant Information

Full Name: _____ 900#: _____

Title / Position: _____

Department: _____ Office: _____

Phone: _____ Email: _____

Supervisor / Department Chair: _____

SECTION 2 – Lost or Damaged Dosimeter Information

a. Dosimeter Type

☐ Whole-body dosimeter

☐ Extremity / ring dosimeter

☐ Fetal dosimeter

☐ Neutron dosimeter

☐ Other: _____

b. Monitoring Period for Lost or Damaged Dosimeter

☐ Current monitoring period ☐ Previous monitoring period

Monitoring period, if known: _____ to _____

c. Loss or Damage

☐ Lost / missing

☐ Damaged

Date loss / damage discovered: _____

Approximate date last known to be in the individual's possession: _____

d. Replacement Required

☐ Yes ☐ No

SECTION 3 – Circumstances of Loss or Damage

Describe when, where, and how the dosimeter was lost or damaged, if known: _____

_____

_____

Radiation work performed during the period for which dosimetry results may be unavailable:

_____

_____

Radionuclides, radiation machines, or other radiation sources involved: _____

_____

_____

Could the dosimeter have been exposed to radiation while it was not being worn?

☐ No ☐ Yes ☐ Unknown

If yes or unknown, explain: _____

SECTION 4 – RSO Evaluation and Follow-Up

Replacement dosimeter required:

☐ Yes ☐ No Replacement dosimeter ID: _____

Dose evaluation required for the missing monitoring period:

☐ Yes ☐ No

Evaluation method / information considered:

☐ Available dosimetry records

☐ Work history / source-use records

☐ Coworker dosimetry

☐ Survey / exposure information

☐ Other: _____

Dose evaluation result / assigned dose, if applicable: _____

Comments / corrective actions: _____

RSO signature: _____ Date: _____

Printed Name: _____