

ESTIMATED DOSE FORM

(please print or type)

To be used under one or more of the following reasons: **(Please check one and give detail)**

- Dosimeter Badge or Ring was **lost** or **damaged** (ran through the washing machine).
- Dosimeter was **incorrectly worn** (shielded, incorrect body position).
- Dosimeter was irradiated while it was **not worn** (left in x-ray room on lab coat).
- Dosimeter **reading** is **inconsistent** with radiation environment (impractical dose).
- Other _____

Details: _____

Account / Group Number _____ Account Name _____
Account Address _____ Account Phone Number _____
City _____ State _____ Zip _____ Account Email _____
Start Date _____ End Date _____

Monitoring Period:

Estimated doses to be assigned**

Pin #	Wear Loc.	Name (Last, First)	Deep mRem		Eye mRem	Shallow mRem*
			X+G	Neutron		

** Estimated Dose < 10 mRem should be recorded as **N/D**

* Extremity Dose is reported in the shallow dose column

Justification for the Estimated Dose(s) assigned. **(Please check one and give details)**

- Average or highest dose received by employee based on historical review of dose history.
- An estimate based on received dose by a co-worker who performed the same or similar tasks.
- An estimate based on known or estimated area exposure rate and time.
- Other _____

Details: _____

RSO or Authorized Signature (signed and printed) _____ Date _____



radiation detection company . . . *The People Behind Your Badge*

8095 Camino Arroyo | Gilroy, California 95020 | 408.842.2700 | fax 408.847.2988 | www.radetco.com