

HPF-DOS-015 Rev: 1 Date: 1/12/05 Page: 1	Radiation Control Office Thomas Jefferson National Accelerator Facility Extenuating Circumstances Serial Number:	Applicable to Procedure HPP-DOS-012
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Personal Information

Date: _____

Name: _____

Home Address: _____

Phone Number: _____

TLD Badge Number: _____

TLD Wear Period: _____

Badge Rack: _____

Typical Work Location: (i.e., VARC, FEL, etc). List all that apply.

Questions:

Did you take your TLD home during the wear period? If so, explain.

Did you or anyone in your family receive medical or dental x-rays during the wear period? If so, explain.

Did you or a family member receive treatment with a radiopharmaceutical (e.g., F-18, Ga-67, I-123, I-125, I-131, In-111, Tc-99m, Tl-201, Xe-133) during the wear period? If so, explain. (Note: Dosimetry Coordinator check for Declared Radiopharmaceutical Patients for period in question.)

Did you temporarily drop or leave your TLD in a potentially high radiation area (e.g., accelerator tunnel, experimental halls, FEL)? If so, explain.

Did you travel via airplane during the wear period? If so, explain.

Was your TLD subjected to unusual stresses such as being washed, dried, barbecued, or dropped in the toilet?

Are there any other comments that may explain the dose recorded on the TLD?

Signature of TLD Badge Holder _____ Date _____

Signature of RCD Member _____ Date _____