

Section I

Personal Information:

Name: _____ Date: _____

Home Address: _____ Wear Period _____

Phone Number: _____ Rack: _____

Employment Information:

TJNAF Employee _____ User _____ Contractor _____ Student _____ Other _____

Employer's Name: _____ Phone: _____

Address: _____ TJNAF Mail Stop: _____

Supervisor: _____ Phone: _____

Section II

Dosimeter Report Data:

Dosimeter	Type*	Deep	Eye	Shallow	Neutron

*P = permanent T = temporary S = SRPD dose

Section III

Circumstances Requiring Investigation:

- Lost or missing dosimeter (Date of Loss _____)
- Damaged dosimeter
- Anomously high or suspected inaccurate dose (attach checklist)
- Wearer Inquiry
- Other _____

Section IV

Circumstances of when and where dosimeter was found:

Section V

Analysis:

Area(s) entered (include date and time):

Nature of work in area:

Analysis (continued):

Pocket dosimeter reading (if available): _____ mR

Others with whom the individual worked:

Name	Dosimeter	Rack	SRPD Reading	Dose

**Section VI
Dose Assignment:**

- No adjustment necessary
- Add _____ mRem to records.
- Subtract _____ mRem from records
- Investigation terminated due to insufficient information.

**Section VII
Conclusion/Comments:**

Signatures:

By signing, I indicate that I understand that a qualified member of the Radiation Control Department will be making an estimate of the dose I received during the period in question. I understand that I have the right to have full access to this record and to all my records.

Dosimeter Wearer: _____ Date: _____

RadCon Investigator: _____ Date: _____

Head of the RCD: _____ Date: _____