Activities During Lost Badge Period

<table>
<thead>
<tr>
<th>Area worked</th>
<th>Date Started</th>
<th>Date Returned</th>
<th>How many Hours</th>
<th>People who accompanied me Into the area</th>
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</tbody>
</table>

I realize that I will be credited with the reasonable dose as determined from the dosimeters of those who were with me during the period in question, dosimeter records and exposure history.

**DOSIMETRY USE ONLY**

Number of Lost Dosimeter
Date Assigned
Dosage Assigned
By ____________ on ____________

Date __________________________
Department ______________________
Signature ________________________
Printed Name ____________________

RSO-9e
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