

**UNIVERSITY OF NEVADA, RENO  
EH&S DEPARTMENT  
RADIATION SAFETY**

**Activities During Lost Badge Period**

Area worked	Date Started	Date Returned	How many Hours	People who accompanied me Into the area

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.

<b>DOSIMETRY USE ONLY</b>
Number of Lost Dosimeter _____
Date Assigned _____
Dosage Assigned _____
By _____ on _____

Date \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_