



**DOSIMETRY LOST/LATE BADGE FORM**

(Please type or print)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Last 5 digits of Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Campus Telephone Number: \_\_\_\_\_

Period for which badge was worn (date on badge): \_\_\_\_\_

Badge Type: (Circle one) CL (Collar) TR (Trunk or Under Apron)  
FN (Ring – Right or Left if applicable)  
FS (Fetal Monitor)

Date badge was presumed lost: \_\_\_\_\_

I assure the Radiation Safety Office that my work with radiation has not changed for the last six months. I do request a replacement badge / I do not request a replacement badge (circle one).

\_\_\_\_\_  
Employee Signature/ Date

\_\_\_\_\_  
Immediate Supervisor Signature/ Date

**For Radiation Safety Office Use Only:**  
Date Form Received: \_\_\_\_\_  
Replacement badge number: \_\_\_\_\_  
RSO Staff: \_\_\_\_\_

**Return this form to:**  
*Radiation Safety*  
*714 W. Lombard St.*  
*Baltimore, MD 21201*  
or fax to: 410-706-8212