



DOSIMETRY DAMAGED/INADVERTE NT EXPOSURE 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)

Description of circumstances leading to damage or inadvertent exposure:

I do request a replacement badge. Replacement badge number: _____
RSO Staff: _____

or fa