

LOSS OF PERSONAL DOSIMETER REPORT

Date: _____

To: _____

Radiation Safety Specialist

My personal dosimeters described below were lost as a result of:

Name (print): _____

Signature: _____

MMRI RADIATION SPECIALIST USE ONLY

Body Badge PIN Number: _____

Finger Ring PIN Number: _____

Comments: _____

Signature: _____ **Date:** _____