

**RSF-53-1**

**UNM RADIATION SAFETY DIVISION**  
**Lost Dosimeter Report**

*Please Print*

Name \_\_\_\_\_ BannerID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Department \_\_\_\_\_ Location # \_\_\_\_\_ Dosimeter # \_\_\_\_\_  WB  Ring   
Wrist

Period:  Monthly - Issue date: \_\_\_\_\_  Quarterly - Issue date: \_\_\_\_\_

Date the dosimeter was discovered missing: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Explain your occupational activities with ionizing radiation. Where they comparable to previous wear periods?**

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**To the best of my knowledge, I believe the above statements are true and the estimated radiation dose may be entered into my exposure record.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Send the completed form to:

**University of New Mexico  
Radiation Safety Division  
Attn: Dosimetry Program MSC08 4560  
FAX 272-8738 (2-8738 on campus)  
HSC-RadiationSafety@salud.unm.edu**

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**RSO USE ONLY**

**Date Stamp**

**Comments:** \_\_\_\_\_  
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