

**Saint Louis University Radiation Safety Office**

**Radiation Dosimeter- Damaged or Missing Dosimeter Report**

Date of Request: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Series Code: \_\_\_\_\_

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*Lost or Damaged Dosimeter Information*

Name (*Last, First*) \_\_\_\_\_

Dosimeter Type:    Whole Body            Ring            Collar            Waist            Fetal

Badge was:            Lost/Misplaced            Washed            Never Received

Replacement Badge Requested:            Yes            No

Wear Period: \_\_\_\_\_

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*Please Return to:*

*Lance Peters  
Office of Environmental Health & Safety  
1402 S. Grand Blvd., Caroline 305  
St. Louis, MO 63104  
Office: (314) 977-6897  
Fax: (314) 977-5560  
petersl2@slu.edu*

Date Assigned: \_\_\_\_\_ Wear Date: \_\_\_\_\_

Whole Body ID: \_\_\_\_\_ Collar ID: \_\_\_\_\_ Waist ID: \_\_\_\_\_ Ring ID: \_\_\_\_\_ Fetal ID: \_\_\_\_\_