



Estimated Dose Form

To be used under one or more of the following reasons: **(Please check one and give detail)**

- Dosimeter Badge or Ring was **lost** or **damaged** (ran through the washing machine).
- Dosimeter was **incorrectly worn** (shielded, incorrect body position).
- Dosimeter was irradiated while it was **not worn** (left in x-ray room on lab coat).
- Dosimeter **reading** is **inconsistent** with radiation environment (impractical dose).
- Other _____

Details: _____

Company Name Account Number Group Number

Company Address Phone Number

City State Zip Email

Start Date End Date

Estimated doses to be assigned*

PIN (7 digit number on back of badge)	Wear Loc.	Name (Last, First)	Deep mRem		Eye mRem	Shallow mRem**
			X+G	Neutron		
<i>Example (82): 1234567</i>	<i>CH</i>	<i>Doe, John</i>	<i>15</i>	<i>NR</i>	<i>15</i>	<i>15</i>
<i>Example (83): 1234567</i>	<i>CH</i>	<i>Doe, John</i>	<i>10</i>	<i>15</i>	<i>25</i>	<i>25</i>
<i>Example (05): 1234567</i>	<i>RU</i>	<i>Doe, John</i>	<i>NR</i>	<i>NR</i>	<i>NR</i>	<i>15</i>

*Estimated Dose < 10 mRem should be recorded as **ND**

**Extremity Dose is reported in the shallow dose column

Justification for the Estimated Dose(s) assigned. **(Please check one and give details)**

- Average or highest dose received by employee based on historical review of dose history.
- An estimate based on received dose by a co-worker who performed the same or similar tasks.
- An estimate based on known or estimated area exposure rate and time.
- Other _____

Details: _____

RSO or Authorized Signature (signed and printed)

Date