

**Personal Information:** Date: \_\_\_\_\_

Name: \_\_\_\_\_ TLD Wear Period \_\_\_\_\_

Home Address: \_\_\_\_\_ Badge Rack: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Employment Information:**

TJNAF Employee \_\_\_\_\_ User \_\_\_\_\_ Contractor \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

TJNAF Mail Stop: \_\_\_\_\_ Phone: \_\_\_\_\_

TLD Report Data:

Badge No.	Type*	Deep	Eye	Shallow	Neutron

\*P = permanent      T = temporary      S = SRPD dose

<p><b>Circumstances Requiring Investigation:</b></p> <p><input type="checkbox"/> Lost or missing TLD (Date of Loss _____)</p> <p><input type="checkbox"/> Damaged TLD</p> <p><input type="checkbox"/> Suspected inaccuracy in the exposure report</p> <p><input type="checkbox"/> Exposure discrepancies</p> <p><input type="checkbox"/> Other _____</p>	<p>Circumstances of when and where badge was found:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Analysis:**

Area(s) entered (include date and time): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of work in area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Analysis (continued):**

Pocket dosimeter reading (if available): \_\_\_\_\_ mR

Others with whom the individual worked:

Name	TLD No.	Badge Rack	PD Reading	TLD Reading

**Conclusion:**

Routine Monitored Exposure (check this box only if no adjustments are necessary).

Other (Explain – include dates, places, length of time and radiation levels. Attach extra sheets if necessary).

**Dose Assignment:**

No adjustment necessary

Add \_\_\_\_\_ mRem to records.

Subtract \_\_\_\_\_ mRem from records

Investigation terminated due to insufficient information.

Comments:

**Signatures:**

By signing, I indicate that I understand that a qualified member of the Radiation Control Department will be making an estimate of the dose I received during the period in question. I understand that I have the right to have full access to this record and to all my records.

Badge Holder: \_\_\_\_\_ Date: \_\_\_\_\_

RadCon Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Head of the RCD: \_\_\_\_\_ Date: \_\_\_\_\_