



# Texas Tech University Health Sciences Center

## Radiation Dose Assessment

Please type or print clearly  
(Use additional sheets as necessary)

<b>1. Employee Name</b>		<b>2. Date of Birth</b>		<b>3. Social Security Number</b>	
<b>4. Badge Series Code</b>		<b>5. Badge Number</b>		<b>6. Monitoring Period</b>	
<b>7. Dose Reported</b>			<b>8. Dosimetry Vendor</b>		
<b>9. Type of Monitoring Device Used</b>			<b>10. Type of Radiation Measured</b>		
<input type="checkbox"/> OSL  <input type="checkbox"/> TLD		<input type="checkbox"/> Whole-Body <input type="checkbox"/> Extremity <input type="checkbox"/> Fetal	<input type="checkbox"/> Gamma Ray <input type="checkbox"/> X-Ray <input type="checkbox"/> Beta		

**11. Results of Investigation** (If badge was lost, describe when and how lost)

**12. Corrective Action** (If lost badge, what action will be taken to prevent future loss)

**13. Method of Calculation of Assessed Dose**

Employee Signature	Date
Sublicensee Signature	Date
Department Chair Signature	Date
Radiation Safety Officer Signature	Date



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1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 and 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.