

## Exposure Investigation Report

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

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

### Section A: Personal Information

Name: \_\_\_\_\_

Fermilab ID: \_\_\_\_\_ N  V  C

Mail Stop: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

Div. / Sec. / Exp.: \_\_\_\_\_

Supervisor / Lab Contact: \_\_\_\_\_

Is individual on permanent badge service? Yes  No

### Section B: Circumstances Requiring Investigation

- 1 Badge reported lost
- 2 Badge could not be processed
- 3 Unexpected neutron exposure reported
- 4 Excessive skin dose reported
- 5 Suspected inaccuracy in the exposure record
- 6 More than 50 mrem between dosimetry badge and other dosimetry
- 7 Individual placed on ALERT list
- 8 Other (explain):

### Section C: Dosimetry Data

Affected Badge # \_\_\_\_\_ Permanent  Temporary  Ring

Complete for the same wear period: (Indicate if data are not available.)

Whole Body	Neutron	Lens of Eye	Skin Dose	Extremity Dose

Pocket Dosimeter Reading: \_\_\_\_\_ mrem Other Dosimetry: \_\_\_\_\_ mrem

**Section D: Analysis and Dose Assessment**

Interview with badge wearer: (Include areas entered, dates of entry, lengths of time in areas, type of work being performed, etc. Indicate if Badge Wearer Unavailable. Attach additional sheets as necessary.)

Individuals with whom the badge holder worked:

Name	Badge #	WB	Lens	Skin

If EI is performed for Reason 1 or 2 (Section B), complete for wear periods in which similar work was done:

Wear Period	WB	Lens	Skin

Survey performed of reference areas? Yes  No  If yes, attach survey map

Was work performed under an RWP? Yes  No  If yes, attach a copy

If applicable attached access records to support dose assignment.

Include other documentation to support dose assignment (i.e. dosimeter card, job review, etc.).

Follow-up actions and other comments: (Attach additional sheets if necessary)

**Section E: Exposure Adjustment:**

No Adjustment Necessary                       Addition                       Subtraction

Neutron exposure adjustment by Dosimetry Program Manager based on evaluation of neutron energy dependence.

Badge Wearer: \_\_\_\_\_ RSO / Investigator: \_\_\_\_\_

Dosimetry Program Manager: \_\_\_\_\_

Assoc. Head for Radiation Protection (Subtractions Only): \_\_\_\_\_

ALARA Coordinator (For Alert List EI's Only): \_\_\_\_\_