



Fermilab
ES&H Section

EXPOSURE INVESTIGATION REPORT

DATE: _____

WEAR PERIOD: _____

SECTION A: Personal Information

NAME: _____

Fermilab ID# _____ N V C

Mail Station: _____ Lab Ext. _____ e:mail _____

Division/Section or Experiment: _____ Supervisor/Lab Contact: _____

Mailing Address: _____

Is individual on permanent badge service? YES NO

SECTION B: Circumstances Requiring Investigation

- 1. Badge Reported Lost Date: _____
- 2. Badge could not be processed.
- 3. Unexpected neutron exposure reported
- 4. Excessive shallow 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.)

Deep Dose (DDE)	Neutron	Lens of Eye (LDE)	Shallow Dose (SDE)	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 #	DDE	LDE	SDE

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

Wear Period	DDE	LDE	SDE

Survey performed of Referenced Areas? YES NO If yes, attach survey map

Was work performed under an RWP? YES NO If yes, attach a copy

If applicable attach 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.

Complete if Addition or Subtraction Requested:

Deep Dose (DDE)	Neutron	Lens of Eye (LDE)	Shallow Dose (SDE)	Extremity Dose

SECTION F: Approvals

RSO/Investigator: _____ ID # _____ Date: _____

Badge Wearer: _____ Date: _____

Dosimetry Program Manager: _____ Date: _____

Assoc. Head for Radiation Protection (Subtractions Only): _____ Date: _____

ALARA Coordinator (For Alert List EI's Only): _____ Date: _____