



Radiation Safety

Department of Environmental Health & Safety 110 Suffolk Hall 631-632-6410 (Office) 631-632-9683 (Fax)

Lost Radiation Dosimeter Form

Legal Name	Date of Birth	
	mm/dd/yyyy	
Department	SB ID#	
	(No social	
	security	
	numbers)	
Date Lost	Contact Number	
Email	Location	
	SB University	
	SB Hospital	
	SB Southampton	
	SB Eastern LI	

Dosimeter Type		
	Chest	
	Collar	
	Ring	
	Fetal	

Return Competed Form to: Anthony.boccia@stonybrookmedicine.edu or Mail to X6200 EHS Suffolk Hall