

**Duke University**  
**Duke University Medical Center**  
Durham, North Carolina  
27710

**Occupational and Environmental Safety Office**  
RADIATION SAFETY DIVISION

BOX 3155  
TELEPHONE (919) 684-2194  
FAX (919) 668-2783

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

**CERTIFICATE OF LOST BADGE**

I hereby certify that I am unable to locate the personnel monitoring badge issued to me for the wear period of \_\_\_\_\_.

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Duke Unique ID No.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Campus Box

\_\_\_\_\_  
Fax

**COMMENTS**

Please fax this form back to Radiation Safety at **668-2783**. Thank you! 😊

PLEASE DO NOT WRITE BELOW THIS LINE  
(FOR RADIATION SAFETY OFFICE USE ONLY)

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Reviewed by:

Assigned Dose:

Date:

Comments: