Dosimeter Exceptions

FORM 14

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Department: _____ **Supporting Dose-Record File:** _____

Document the explanation and RSO assessment. Keep calculation support and any authorized dose-record adjustment.

Date or Worker	Badge or Monitoring Period	Exception And Explanation	Replacement or Dose Estimate or Calculation File	RSO Decision or Date

Dosimeter Exceptions

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____