

DEPT. OF ENVIRONMENTAL HEALTH & SAFETY
RADIATION SAFETY SECTION
U-4097 486-3613

DOSIMETER BADGE DISCONTINUANCE FORM

Please send this form to the Radiation Safety Office when an individual's dosimeter badge is no longer needed.

The Radiation Safety Office may not discontinue a dosimeter badge without written authorization from the individual's Licensed Investigator (LI). Since it is quite expensive to supply an individual with a dosimeter badge, we appreciate your cooperation in this matter.

Also, please provide a forwarding address (personal or departmental) so that the final exposure history may be reported to the individual if required.

Please discontinue the dosimeter badge for: _____

Reason: _____

Last wear date for dosimeter badge: _____

Licensed Investigator Signature *Date*

I, _____, request that my final exposure history be forwarded to the following address:

Badge User Signature *Date*