

**MONITORING BADGE DISCONTINUANCE FORM
DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
RADIATION SAFETY**

U-4097 486-3613

Please complete this form and send to the Radiation Safety Office when an individual's monitoring badge is no longer needed. The Radiation Safety Office may not discontinue a monitoring badge without written authorization from the individual's Licensed Investigator. Since it is quite expensive to supply an individual with a monitoring 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 monitoring badge for: _____

Reason: _____

Last wear date for monitoring badge: _____

Licensed Investigator

Date

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

Monitoring Badge User

Net ID

Date