

## NOTIFICATION OF RADIATION WORKER TERMINATION

PLEASE SUBMIT TO THE RADIATION SAFETY OFFICER WITHIN THREE (3) DAYS OF THE  
PERSON LEAVING THE LAB.

NAME OF AUTHORIZED USER:	
NAME OF RADIATION WORKER:	
DATE RADIATION WORKER LEFT LAB:	
CURRENT ADDRESS: (NUMBER AND STREET, APT #, TOWN OR CITY, STATE, ZIP CODE)	
E-MAIL:	
CAMPUS TELEPHONE	
FORWARDING ADDRESS OF RADIATION WORKER:	
HOME TELEPHONE	
<b>RADIATION WORKER POSSESSED DOSIMETRY?</b>	
<input style="width: 60px; height: 20px;" type="checkbox"/> YES	<input style="width: 60px; height: 20px;" type="checkbox"/> NO

AUTHORIZED USER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS TERMINATION REPORT WAS RECEIVED BY THE RSO ON: \_\_\_\_\_