

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:	
HOME ADDRESS: (NUMBER AND STREET, APT #, TOWN OR CITY, STATE, ZIP CODE)	
E-MAIL:	
CAMPUS TELEPHONE	
FORWARDING ADDRESS OF RADIATION WORKER:	
HOME TELEPHONE	
RADIATION WORKER POSSESSED DOSIMETRY?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

AUTHORIZED USER SIGNATURE: _____ DATE: _____

THIS TERMINATION REPORT WAS RECEIVED BY THE RSO ON: _____