



DOSIMETRY BADGE TERMINATION FORM

(Please type or print)

Name: _____
(Last) (First) (Middle)

Last 5 digits of Social Security Number: _____

Date of Birth: ____/____/____

Institution: _____

Department: _____

Name of Immediate Supervisor: _____

Campus Telephone Number: _____

Date of Termination: _____

Address to which Termination Report can be Sent: _____

My dosimetry badge and holder were turned in to my supervisor on _____.
If I fail to turn in my dosimetry badge, I will be required to complete a lost badge form and submit it to the Radiation Safety Office in a timely fashion. I understand that a termination report will be provided within 90 days of receipt of your last badge issued or upon request.

Employee Signature/ Date

Immediate Supervisor Signature/ Date

For Radiation Safety Office Use Only:
Date Form Received: _____
Date Terminated: _____
RSO Staff: _____

Return this form to:
Radiation Safety
714 W. Lombard St.
Baltimore, MD 21201
or fax to: 410-706-8212