DOSIMETRY TERMINATION REQUEST

In order to provide complete and accurate dosimetry records for all badged individuals and maintain compliance with exposure reporting requirements outlined in [F.A.C. 64E-5.903](https://www.flrules.org/gateway/ruleno.asp?id=64E-5.903), please complete this form to end your occupational radiation monitoring at Florida State University.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | **FSUID** |  | | | |
|  | | | | | | |
| **Date of Birth** |  | **Phone** |  | | | |
|  |  |  |  | | | |
| I am requesting to end my occupation radiation monitoring at Florida State University effective: | | Select | |  |  |  |
|  | | **Month** | |  | **Year** |  |

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| --- | --- |
| **Please choose one of the following:** | |
|  | |
|  | I will no longer be employed/enrolled at FSU. |
|  | I will no longer work with radioactive materials or radiation-producing equipment at FSU. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please send my final dosimetry report via:** | | | | | | | | |
|  | Email |  | | | | | | |
|  | | **Email Address** | | | | | | |
|  | | | | | | | | |
|  | Mail |  | | | | | | |
|  | | **Street Address** | | | | | | |
|  | | | | | | | | |
|  | |  |  |  | |  | |  |
|  | | **City** |  | **State** | |  | | **ZIP** |
|  | | | | | | | | |
| **Signature** | |  | | | **Date** | |  | | |

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| **For RSO Use Only** | | | | | | | |
| Date Received |  | | | | | Final Monitoring Period |  |
|  |  | | | | |  |  |
| Final Report Received |  | | | | | Final Report Sent |  |
|  |  | | | | |  |  |
| Sent Via | q | Email | q | Mail |  | Sent By |  |