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 |  |