



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
Radiation Safety Office
1200 Carothers
Tallahassee, Florida 32306-4481
Phone: 850.644.8802 Fax: 850.644.8842 Web: www.safety.fsu.edu

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](#), 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

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.

Please send my final dosimetry report via:

Email _____
Email Address

Mail _____
Street Address

_____ City State ZIP

Signature _____ Date _____

For RSO Use Only

Date Received _____ Final Monitoring Period _____

Final Report Received _____ Final Report Sent _____

Sent Via Email Mail Sent By _____