

RSF-53-2

UNM RADIATION SAFETY DIVISION
Dosimeter Cancellation Form

Please Print

Department _____ Location # _____ Cancellation Date: _____

Please list the individual(s) to be cancelled below:

Last Name, First Name	Badge Number	Fetal Only
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Signature of person requesting cancellation:

Signature _____ Date _____

Send the completed form to:

**University of New Mexico
Radiation Safety Division
Attn: Dosimetry Program
MSC08 4560**

RSO USE ONLY

Date Stamp

- Vendor** _____
 - Namelist** _____
 - Access Cancellation List** _____
 - Pull active file** **Terminate file**
-