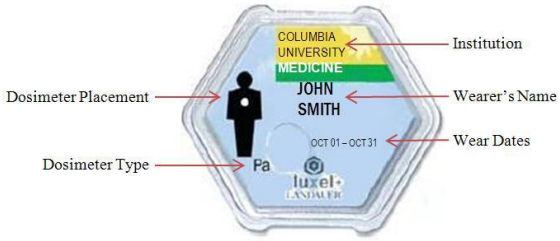
COLUMBIA UNIVERSITY
Environmental Health & Safety
http://ehs.columbia.edu

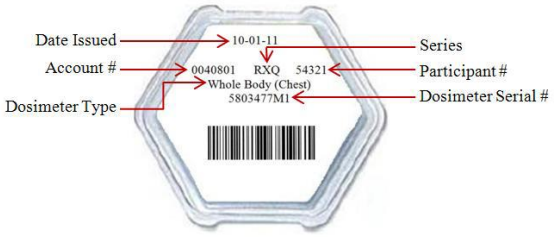
Radiation Safety Dosimetry Program
Medical Center - T: 212-305-5359
Morningside - T: 212-854-8749
Scan/email this form to badges@columbia.edu

DOSIMETRY CHANGES/CANCELLATIONS

DOSIMETER FRONT



DOSIMETER BACK



Wearer's Name: _____ Date: _____
(last) (first) (middle)

Participant #: _____ Account #: _____ Series: _____
(5 digit)

Responsible Investigator/Supervisor _____

TYPE OF CHANGE *(check desired change)*

___ Name Change: _____

___ Department Change: New Department_____
Responsible Investigator/Supervisor_____

___ Dosimeter Cancellation: Termination Date _____
Leave of Absence _____
(enter expected return date)

___ Lost Dosimeter _____
(wear period)

___ Reactivate _____
(date of last dosimeter)

Employee Signature _____

Department Name _____

Department Address _____

Please return the completed form to the Dosimetry Coordinator in the Radiation Safety Office or scan/email to badges@columbia.edu.

Revised July 2014