Oklahoma Department of Transportation Radiation Dosimeter Badge Transfer Form

The following employee has transferred to a new Residency.

Please	fill (out 1	the	fol	lowir	ıg iı	ıforma	tion	and	return	to	this	office

Employee Name	
Transferred from Residency/Work Unit	
Transferred to Residency/Work Unit	
Date of Transfer	

If they will need a dosimeter at their new location please send their dosimeter with the employee. If they will no longer need a dosimeter, please hold on to their dosimeter until the next dosimeter exchange. You will need to complete a Termination/ Deactivation form for this employee.

Lal	n Suner	wisor o	or S	Superv	isor	Signature	
டவ	Bupci	V1501 (л	ouper v	1301	Signature	

Work Telephone number of person filling out this form

This completed form can be scanned or sent by mail: ODOT
Environmental Programs Division
200 NE 21 st Street
Room 3D2
Oklahoma City, OK 73105

Attention: Larry Hawkins Phone: 405- 522-4189

Do not write in this area					
Date	Badge Number				

Revised 01/20107