

Appendix 20A



Environmental Health and Safety

EMPLOYEE TRANSFER FORM

Authorized User

Name (Please print): \_\_\_\_\_

I accept responsibility for the individual listed below to work with radioactive materials under my direction.

Authorized User's Signature \_\_\_\_\_

Date: \_\_\_\_\_



Transferring Employee

Name (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Received Radiation Safety Orientation Under (Supervisor's Name) \_\_\_\_\_



Return to:
Environmental Health & Safety, 208 Hudson Health Center