



### BADGE DEACTIVATION / TRANSFER FORM

*This is an electronically-writable form*

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

**Instructions:** Complete all sections of this form, select “print form,” obtain appropriate signature, and fax to Radiation Safety Office at (404) 727-5904.

To: Radiation Safety Office

From: \_\_\_\_\_ (Name)  
\_\_\_\_\_ (Department and Facility)  
\_\_\_\_\_ (Phone No.)

Supervisor/PI: \_\_\_\_\_ Phone: \_\_\_\_\_  
Authorization #: \_\_\_\_\_ Email: \_\_\_\_\_

#### RE: Badge Deactivation / Transfer Form

**Person I:** *must have badge holder’s signature, if individual remained at Emory*

Badge Holder’s Name: \_\_\_\_\_ Signature:   x   \_\_\_\_\_

Series: \_\_\_\_\_ Part #: \_\_\_\_\_ Employee I.D.: \_\_\_\_\_

Reason:

Leaving University       Leaving Hospital       Voluntary deactivation

Transferring      *If yes, give new:*  
 Yes, give last day/transfer date: \_\_\_\_\_ Department Name: \_\_\_\_\_

No \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

No Phone/Contact No.: \_\_\_\_\_

No Longer Working with X-ray       No Longer Working with Isotopes

Other: (list) \_\_\_\_\_

**RSO Only:**  No longer meet badge requirements  
 Administratively badged?  Yes  No  
 Amendment Completed?  Yes  No  N/A  
 Declination Approved by \_\_\_\_\_ Date: \_\_\_\_\_

**Person II:** *must have badge holder’s signature, if individual remained at Emory*

Badge Holder’s Name: \_\_\_\_\_ Signature:   x   \_\_\_\_\_

Series: \_\_\_\_\_ Part #: \_\_\_\_\_ Employee I.D.: \_\_\_\_\_

Reason:

Leaving University       Leaving Hospital       Voluntary deactivation

Transferring      *If yes, give new:*  
 Yes, give last day/transfer date: \_\_\_\_\_ Department Name: \_\_\_\_\_

No \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

No Phone/Contact No.: \_\_\_\_\_

No Longer Working with X-ray       No Longer Working with Isotopes

Other: (list) \_\_\_\_\_

**RSO Only:**  No longer meet badge requirements  
 Administratively badged?  Yes  No  
 Amendment Completed?  Yes  No  N/A  
 Declination Approved by \_\_\_\_\_ Date: \_\_\_\_\_