

## RPR 1C. USER TERMINATION CHECK LIST

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

Expected Termination Date \_\_\_\_\_

Mailing Address: **(where you want your final Dose Record sent)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(Please check)**

Did you remember to turn in your Badge(s)?: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_. If yes, where did you return your badge(s)?: **Your Dept. Contact:** \_\_\_\_\_ **Hospital Drop Box:** \_\_\_\_\_

**Other:** \_\_\_\_\_

If you are an R.U., did you contact your analyst and complete the R.U. Termination Check List?:  
**(Please Check) Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **N/A** \_\_\_\_\_:

**RU:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_

**PLEASE SEND TO:**

**UNIVERSITY OF UTAH  
 RADIOLOGICAL HEALTH DEPT  
 75 S 2000 E, RM 322  
 SALT LAKE CITY, UT 84112**

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### TO BE COMPLETED BY RADIOLOGICAL HEALTH OFFICE

R.U.: \_\_\_\_\_ GROUP NO \_\_\_\_\_  
 SERIES CODE: \_\_\_\_\_ PART NO.: \_\_\_\_\_ BADGE TYPE: \_\_\_\_\_

DATE LAST DOSIMETER WAS SENT IN: \_\_\_\_\_

			Initials	Date
Terminated in Database	Yes	No	_____	_____
Terminated in Landauer III?	Yes	No	_____	_____
R.U. Check List completed?	N/A	Yes	No	_____
Copy of final Form 5 included?	Yes	No	_____	_____
Relocate to Termination File?	Yes	No	_____	_____

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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