

TERMINATED EMPLOYEE  
RADIATION SAFETY RECORD

SCOPE

The procedure described herein shall be followed for employees in the radiation safety program upon their separation from the company. The procedure includes those activities required to remove the separated employee from the various monitoring programs and to notify the NRC of their exposure record in accordance with current regulatory requirements.

TERMINATED EMPLOYEES

1. Return the radiation film badge to the Regulatory Affairs Manager at the end of the last day of work.
2. If the employee's record has been recorded under his/her name by the badge contractor, contact the contractor to have the name removed.
3. See Health Physics S.O.P. 22 for instructions for obtaining a final thyroid scan for removal from the monthly worksheet.
4. Submit a report on the individual's total exposure to radiation during the period of employment, as obtained from the latest monthly badge report, to the following address within 90 days of the date of termination. Also send a copy of the report to the employee (Ref. 10 CFR 20.408).

Director of Management & Program Analysis  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

A copy of a typical letter is attached (Appendix A).

5. Complete a Terminating Employee Checklist, RA Form 20, copy attached (Appendix B).

-----  
WRITTEN BY Deborah Lindemuth  
REVIEWED BY Wm. T. Styer  
AUTHORIZED SIGNATURE David Vergey

DATE 4/15/86  
DATE 17 Apr 86  
DATE 4/21/86

DISTRIBUTION:  
All Health Physics  
Policy Book Holders

S.O.P.'s Referred to: 22  
RA Forms Referred to: 20

8707270141 870305  
REG1 LIC30  
37-16707-01 PDR



102 WITMER ROAD HORSHAM, PA. 19044 Tel: (215) 443-3000  
TOLL FREE TEL: (800) 523-2450 PA. (800) 662-9900

Director of Management and Program Analysis  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Gentlemen:

The following individual has terminated employment with Micromedic Systems, Inc. (License No. 37-16707-01). A record of his/her exposure to radiation and radioactive material incurred during the period of employment is provided in accordance with 10 CFR 20.408(b).

NAME: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_  
SEX: \_\_\_\_\_  
SERVICE START DATE: \_\_\_\_\_  
TERMINATION DATE: \_\_\_\_\_  
LIFETIME WHOLE BODY: \_\_\_\_\_ Millirems  
UNUSED PERMISSIBLE DOSE: \_\_\_\_\_ Millirems

A copy of this is being sent to the above-named individual.

Sincerely,

Deborah L. Lindemuth  
Regulatory Affairs Manager

DLL/tb

cc:

TERMINATING EMPLOYEE  
CHECKLIST

Name \_\_\_\_\_ Department \_\_\_\_\_

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

	<u>Not</u> <u>Applicable</u>	<u>Completed</u> <u>Init.</u>	<u>Date</u>
Badge returned	_____	_____	_____
Removed from list	_____	_____	_____
Total exposure report requested	_____	_____	_____
Total exposure report received	_____	_____	_____
Total exposure report to NRC	_____	_____	_____
Total exposure report to employee	_____	_____	_____
Final thyroid scan	_____	_____	_____
Removed name from checklist	_____	_____	_____

Forwarding Address:

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