

TRANSFER TO HOSPITAL STATIONERY

Date

Facility Name and Address

Dear \_\_\_\_\_:

This letter is to verify that I agree to be responsible for implementing the Radiation Safety Program in accordance with Ohio Administrative Code 3701-1-58-12(B).

I can be reached for consultation, by telephone \_\_\_\_\_ or \_\_\_\_\_ at any time Monday through Friday during routine business hours.

If you should have any further questions, feel free to contact me.

Sincerely,

Radiation Safety Officer