

Radiation Worker Registration Form

(Registration Application for FY _____)

Please PRINT or TYPE in English.

Date of Submission (MM/DD/YYYY): _____

Applicant				
Name:	_____	_____	_____	ID #: _____
	<small>title</small>	<small>last name</small>	<small>first name</small>	<small>mid init.</small>
	<small>user card number</small>			
Signature:	_____		Date of birth:	_____
			<small>MM/DD/YYYY</small>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Affiliation:	_____			
	Div./Dept.: _____			
Date of recent medical examination for radiation worker (MM/DD/YYYY):	_____			
Date of recent radiation safety training (MM/DD/YYYY):	_____			
Scheduled date of SPring-8 visit (MM/DD/YYYY):	_____			
Experience using SPring-8:	<input type="checkbox"/> Yes (previous radiation worker registration at SPring-8: FY _____)		<input type="checkbox"/> No	
			<small>YYYY</small>	
Applicant's radiation dose report is sent to this address.				
Contact person:	_____			
Affiliation:	_____			
	Div./Dept. : _____			
Address:	_____			
Telephone:	_____		e-mail: _____	

I hereby certify that:

1. The above applicant has completed radiation safety training.
2. The applicant has undergone medical examination and was certified fit to commence work with ionizing radiation.
3. The applicant's occupational dose history records show that the radiation dose to the applicant is kept below the annual dose limit of 5 mSv/y*. The applicant will submit the history records upon request.
4. I have given the above applicant permission to perform radiation work at SPring-8.

*Dose limit for pregnant workers is more restrictive.

Organization Name: _____

Radiation Protection Supervisor (Health Physicist): _____
name signature

Division/Department Head: _____
name signature

	Office Use Only 受入・登録部門記入欄				
登録日	理研安全管理室		JASRI安全管理室		利用業務部
	室長印	担当者印	室長印	担当者印	部長印