

FY. 2021 use

Radiation Worker Application Form (NewSUBARU)

Submission: Year _____ Month _____ Date _____

*Please print **this form double-sided** and fill in all fields in English.**This form must be received by the NewSUBARU office **10 days prior to starting radiation work.***

To Director of the JASRI Safety Office

I hereby authorize the person below to work in radiation controlled areas at the NewSUBARU facility.

Affiliated organization: _____

Supervisor (Name/Title): _____

Signature: _____

Applicant

Name: _____ User card #: _____
first name last nameDate of birth: Year _____ Month _____ Day _____ Sex: male female

Phone: + _____ email: _____

Affiliated organization: _____

Department: _____

Radiation work

Host organization¹⁾: Laboratory of Advanced Science and Technology for Industry, University of Hyogo

Director: Takeo WATANABE Responsible person: NewSUBARU secretary Phone: +81-791-58-2503

Work contents Research (Responsible manager ²⁾: _____) Others (_____)**Period:** 20 / / - 20 / / **(Do not exceed the fiscal year)** ^{3) & 4)}

Training for radiation safety

 I have participated in the course **this fiscal year.** No, I haven't, a preferred date is 20 / / 9:30 –11:00 10:30 –12:00 13:30 –15:00

Notes

- 1) The host organization printed in the field cannot be changed.
- 2) The responsible manager is a research staff in charge of a beamline that the applicant wants to utilize.
- 3) The applicant has to submit a **notification of completion of radiation work** without delay.
- 4) Applicant can enter radiation controlled area of NewSUBARU **only this period**. And applicant can enter the radiation controlled area **only this period**. Therefore please write this period carefully.

Authorized and approved by the affiliated organization as below:

I hereby certify that:

1. The applicant has undergone the following medical examination prescribed by Japanese law within a year before starting radiation work.

Medical examination required by law

- A. Interview with a doctor: history of previous radiation exposures, subjective symptoms
- B. Blood test: hemoglobin or hematocrit level, red blood cell count, white blood cell count, and differential count
- C. Skin test
- D. Eye examination (screening for cataract)

2. The applicant's records of the medical examination have been filed in his affiliated organization.

3. The applicant's occupational dose history records show that the most recent radiation doses do not exceed the following limits prescribed by Japanese law.

- A. 100 mSv during 5years
- B. 50 mSv/ year
- C. 5 mSv quarterly for female
- D. limits for pregnant female
 - 1 mSv for the effective dose due to internal exposure
 - 2 mSv for the equivalent dose exposure to the surface of the abdomen

4. Applicants have completed radiation safety training after April 2020.

5. The applicant will submit a copy of his occupational dose history records when required.

6. The applicant will submit copies of the latest records of the radiation safety training and the medical examination with this form.

- The latest training : Year _____ Month _____ Day _____

- The latest medical examination: Year _____ Month _____ Day _____

Organization: _____

Manager (name/ title): _____

Signature: _____

Applicant's dose records will be sent to the following receiver.

Department: _____

Responsive person: _____

Address: _____

Phone: _____ email: _____

The destination of this form and attached documents:

NewSUBARU Office
 1-1-2, Koto, Kamigori-cho, Ako-gun, Hyogo 678-1205,
 JAPAN
 Phone: +81-791-58-2503
 email: ns-clerk@lasti.u-hyogo.ac.jp

Contact for inquiry:

JASRI Radiation Safety Office
 Phone: +81-791-58-0964
 Fax: +81-791-58-1843
 email: houkan@spring8.or.jp
 jtraining@spring8.or.jp (for booking training)

Safety Office

ニュースバル施設利用歴: あり (ニュースバルでの従事者最終年度: 西暦 年度) なし

ルミネスバッジ	<input checked="" type="checkbox"/> K G 発行	備考	安全管理室長
所属コード			
従事前教育実施日	20 / /		
登録日	20 / /		