Radiation Safety Officer

University of U.S.A

Position Institute No. XXXXX

	Statement	of Accept	ance			
(recent entry year:)	決裁欄	機構長	放射線耳	Q 扱主任者	
ume as on passport	First name Surname Your NAME	Gender	Male birth(mm/		ate of (mm/yy/dd) <mark>/01/01</mark>	
Address	Zip code TEL/FAX: 123-223-3345 1234 Your Address, U.S.A. 12345 E-mail: yourmailaddress@usa.edu					
Name	University	Di	rector	Nar	ne	
Address	Zip code 000 ABC Road, (X: +00 00	000 0000		
Experiment	Facilities concerned in KEK				КЕКВ	
(yy/mm/dd) 9/04/01~20/03/31	Status in KEK	Joint Research Visiting So				

放射線管理室長 □ New □ Retry (Job Na Researcher title Person concerned of the Director Affiliation Reason for registration Period of association with cientist KEK 1 Group name ACCL If collaborating in Responsible person's an experiment BBB.BBBB (person in charge on site) AAA. AAAA name I have read the pamphlet "Summary of Radiation Safety Practices at KEK" and have understood KEK's radiation safety policies. I will comply with all rules and accept all conditions for radiation works in KEK. Date 2019 April 1 Your NAME Signature Name (Printed) Your NAME ____ _____ Certificate by Radiation Safety Officer in Home Institute Name of applicant: (last first middle) Your NAME Occupational radiation exposure record in the previous year: 📕 below 1 mSv 🗆 exceed 1mSv(mSv) Medical examination: The applicant received a medical examination as required 📕 Yes 🗆 No Any physical abnormalities? 🗆 Yes 🔳 No(If yes, the certificate of health may be requested) Training in radiation protection The applicant attended training in radiation protection as requested: 📕 Yes 🔲 No He/She has sufficient knowledge on radiation protection: 📕 Yes 🗆 No To Director General, KEK HIGH ENERGY ACCELERATOR RESEARCH ORGANIZATION I certify that the above statements are correct and that the above person is a radiation worker at the affiliation in home Institute. I consent that he/she is allowed to execute radiation works at KEK during the period from $\frac{19/05/15}{10}$ to <u>20/03/31</u> (yy/mm/dd). Date 19.April 15 Radiation Safety Officer Signature Name (Printed) Name of Radiation Safety Officer