

## Radiation Worker Application Form (For External User)

Submission Date: 20 /    /     
(Year) (Month) (Day)

To: Director General of Institute for Molecular Science (IMS)

I hereby apply to be registered as a radiation worker.

Full Name	Last name, _____ First name, _____ (middle initial)	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Year _____ Month _____ Day _____ Y _____ /M _____ /D _____	E-mail	
Affiliation	Name of Organization _____	Contracted Name (Up to 6 char.) _____	
	Division/Section _____	Title or Current year PhD/MS/BS _____	
Work Place	Synchrotron radiation, Accelerator <input type="checkbox"/> UVSOR facility (Include the use of STXM, XMCD)	X-ray generator <input type="checkbox"/> Instrument Center <input type="checkbox"/> Other ( _____ Lab.)	
Name of collaborative researcher	Please fill in IMS researcher name collaborating.		
Work Period	The work (scheduled) starting date From Y20 _____ /M _____ /D _____	Do not exceed the next fiscal year* To Y20 _____ /M _____ /D _____	
Health Check	<input type="checkbox"/> Normal <input type="checkbox"/> Not Normal (Attach the copy of health check results) The person using only X-ray generators is possible in the blank.		
Dose amount of radiation exposure	The result of the last fiscal year. <input type="checkbox"/> Less than 1mSv <input type="checkbox"/> More than or equal 1mSv [ _____ mSv] (Attach the copy of health check results)		

\* Japan's fiscal year runs from April 1 till March 31 in the following year.

### Certificate of authorization by affiliated organization

<p>I hereby certify that the above-named person is subject to radiation safety and control and is authorized to work in radiation-controlled areas at IMS.</p> <p style="text-align: center;">Name of Organization/Company: _____</p> <p style="text-align: center;">Title of the representative for the organization above: _____</p> <p style="text-align: center;">Name of the representative for the organization above: _____</p> <p style="text-align: right;">Signature _____</p>
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(Fill in the following IMS.)

認定欄	放射線取扱主任者	放射線管理責任者