FY.2024 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 #: last namefirst name Date of birth: Year Month Day  Sex: □ male □ female Phone: +  email:  Affiliated organization:  Department:  |

|  |  |
| --- | --- |
| Radiation work |  |
| **Host organization**1): Laboratory of Advanced Science and Technology for Industry, University of Hyogo Director: Satoru SUZUKI Responsible person: NewSUBARU secretary Phone: +81-791-58-2503**Work contents** ( Please choose one of the following ) 　□ Users　⇒ Research (Responsible manager 2): ) 　□ Contractors ⇒ Contact person / phone 3): )□ Delivery and maintenance　 □ Equipment management 　□ Machine adjustment　　□ Construction□ Others ( )**Period**: 20 / / – 20 / / **( Not to exceed 3/31/2025 )** 4) & 5) |

|  |  |
| --- | --- |
| Training for radiation safety |  |
| □ I have already participated in this course **since 4/1/2024.**□ 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 contact person is the person in charge who entrusted the applicant with the work.

4) The applicant has to submit a **notification of completion of radiation** **work** without delay.

5) 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.

(2024/02/01)

**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 symptomsB. Blood test: hemoglobin or hematocrit level, red blood cell count, white blood cell count, and differential countC. Skin testD. 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 5yearsB. 50 mSv/ yearC. 5 mSv quarterly for femaleD. 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 abdomen4. Applicants have completed radiation safety training after April 2023.5. 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:  |

**Safety Office use**

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| --- | --- |
| ***The destination of this form and attached documents***:NewSUBARU Office1-1-2, Koto, Kamigori-cho, Ako-gun, Hyogo 678-1205, JAPANPhone: +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) |

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

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| --- | --- | --- | --- | --- | --- |
| ルミネスバッジ | □ＫＧ発行　□ＳＧ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 / / |  |  |  |

(2024/02/01)