Application Form for a Cooperative User and Registration Form as a Radiation Worker

Date: (Y/M/D)

To the Director of RCNP, Osaka University

Institution:

Title of Department Head:

Name of Department Head:

Signature:
Please be sure to obtain the approval of the department head in your institution.

I grant permission for this applicant to be involved in research at RCNP, Osaka University.

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| Ⅰ．Applicant Information \*Please write clearly in block letters. |
|  | Surname | Given / First name(s) | Sex \*1 | □M　　□F |
| Name |  |  | Date of Birth | (Y/M/D) |
| Job Title / Grade |  |
| Email |  | Telephone |  |
| Institute Address |  |
| \*Applicant’s dose report will be sent to this address.Ⅱ．Application Form for a Cooperative User |
| Research Subject |   |
| Period |  (Y/M/D) to (Y/M/D)　(within a fiscal year \*2) |
| Place | □ RCNP, Suita Campus \*3 □ RCNP, Toyonaka Campus □ SPring-8 □ Osaka Univ. J-PARC Office □ Kamioka Double Beta Decay Lab. |
| Key \*4 | □ Need Access to the Cyclotron Facility □ Need Access to the Main Building and the Cyclotron Facility |
| Supervisor at Your Institution (Student Only) |  |
| Contact Person at RCNP \*5 |  |
| Use of Radiation Source | Entry to Radiation Controlled Area | □ Yes \*If you chose "Yes", please select one of the check boxes in the following columns.□ No |
| □ When the applicant is engaged in radiation work at RCNP, his/her home institute will conduct radiation management for the applicant. \*Please fill in the Certification part below.□ Applicant will engage in radiation work on RCNP, under the radiation management. (Limited to cases where the applicant is not engaged in such work at his/her home institute but mainly at RCNP.) \*The copy of your health surveillance\*6, certification of recent education on radiation protection, and past radiation exposure are required. |
| Use of the 241Am-Be Radiation Source | □ Yes \*If "Yes" is selected, a dosimeter\*7 that can measure neutrons is issued.□ No |
| Ⅲ．Certification as a Radiation Worker \*This field should be certified by the radiation safety officer. |
| I hereby certify that the applicant has received education and training and health surveillance at this institution as follows.1. Recent Education and Training on Radiation Protection

(The date must be within the previous or current Japanese fiscal year “from April 1 to March 31 of the following year”.)　Date:　 (Y/M/D)　1. Recent Health Surveillance　( See \*6 for the contents of Health Surveillance. / The date must be within a year of registration)

Date:　 (Y/M/D), □ no apparent abnormalities, Physician's Name:　  Institution: 　 　 Radiation Safety Officer (Signature): 　 　  |

1: Since there are differences between men and women in terms of radiation exposure control, biological sex should be stated.
 The type of locker room is also determined by sex.

2: The registration must be renewed every Japanese fiscal year. Therefore, please designate the next March 31 or before as the end of the duration.

3: RCNP, Suita Campus consists of four buildings: the Main Building and the Cyclotron Facilities (the Ring Cyclotron Building, the AVF Cyclotron Building, and the RI Building).

4: If you need to enter the main building and/or Cyclotron Facility at night or during holiday, you can open the entrance door by registering your IC card or fingerprint. Please note that the registration will expire at the end of every Japanese fiscal year (March 31). Do not forget to renew the registration if you need access. If you are registered as a radiation worker at RCNP, the key registration will expire when the registration as the radiation worker expires.

5: Authorized RCNP faculty only

6: Japanese law requires the following health surveillance before entering a controlled area for the first time.

 The method of health surveillance shall be interview and medical inspection or medical examination.

a) Interview shall be conducted for the following matters:

   ⅰ. whether the worker has ever received the exposure to radiation or not;

   ⅱ. for a radiation worker with a history of exposure to radiation, place of work, contents of work, working period, radiation dose, occurrence of radiation hazards and other conditions of exposure to radiation.

b) Medical inspection or medical examination shall be conducted for the following body portions and matters:

   ⅰ. hemoglobin content or hematocrit value, erythrocyte count, leukocyte count, and leukocyte percentage in peripheral blood;

   ⅱ. skin.

7: We will be providing personal dosimeters for all cooperative users, so please make sure to wear them in the controlled area.

 If you have brought your dosimeter from your affiliation, you must also wear it with you.

 Please contact the Radiation Control Office as soon as possible after you have decided on the schedule of your experiment to allow us to prepare your dosimeter.

Inquiries and Submission: radiation-control@rcnp.osaka-u.ac.jp

Address: 10-1 Mihogaoka Ibaraki, Osaka JAPAN

 567-0047

 Research Center for Nuclear Physics, Osaka University

 Radiation Control Office