Application Form for a Joint 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 |  |
| Mail Address for Dose Report |  | | | | |
| Ⅱ．Application Form for a Joint User | | | | | |
| Research Subject |  | | | | |
| Research 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. | | | | |
| Type of Dosimeter | | □ I need the dosimeter without neutron measurement. □ I need the dosimeter with neutron measurement. | | |
| 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 males and females 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, the end date of the term should be before March 31 of the following year.

\*3: RCNP, Suita Campus consists of four buildings: the Main Building and the Cyclotron Facility (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 may 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 for the new fiscal year.

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: Personal dosimeters will be provided for all cooperative users, so please be sure to wear them in the radiation controlled area even if you have brought your own dosimeters from your institutions.

Due to the preparation of the dosimeters, please contact Radiation Control Office of RCNP as soon as your experiment schedule is decided.

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

Address: 10-1 Mihogaoka, Ibaraki, Osaka,

567-0047 JAPAN

Research Center for Nuclear Physics, Osaka University

Radiation Control Office