

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 Y	Month /M	Day /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"/> Equipment Development 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

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.	
Name of Organization/Company: _____	
Title of the representative for the organization above: _____	
Name of the representative for the organization above: _____	
Signature _____	

(Fill in the following IMS.)

認定欄	放射線取扱主任者	放射線管理責任者

Example

Institute for Molecular Science

Radiation Worker Application Form (For External User)

Submission Date: 20 15 / 05 / 01
(Year) (Month) (Day)

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

I hereby apply to be registered as a radiation worker.

Full Name	Please fill in contracted name of your organization. (maximum of 6 alphanumeric characters)	
Date of Birth		
Affiliation	Name of Organization Okazaki University of Science and Technology	Contracted name (maximum of 6 char.) OUST
	Division/Section Faculty of Science	Title or Current year PhD/MS/BS Associate Professor
Work Place	Synchrotron radiation, Accelerator <input checked="" type="checkbox"/> UVSOR facility (Include the use of STXM, EXAFS, XCD, XMCD)	X-ray generator <input type="checkbox"/> Instrument Center <input type="checkbox"/> Free electron laser, etc.
Name of collaborative researcher	Please fill in IMS researcher name collaborator Taro BUNSHI	
Work Period	The work (scheduled) starting date From Y20 15 /M 06 /D 11	Do not exceed the next fiscal year* To Y20 16 /M 03 /D 31
Health Check	<input checked="" 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 checked="" type="checkbox"/> Less than 1mSv <input type="checkbox"/> More than or equal 1mSv [mSv] (Attach the copy of health check results)	

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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.

Name of Organization/Company: **Okazaki University of Science and Technology**

Title of the representative for the organization above: **Sciences Director**

Name of the representative for the organization above: **Masahiro SAKAI**

Signature *M. Sakai*

(Fill in the following IMS.)

認定欄	放射線取扱主任者	放射線管理責任者