**Form No. 2 (related to Article 13) 様式第２号（第13条関係）**

|  |  |
| --- | --- |
| （YYYY/MM/DD） | / / |

**Fiscal Year :**

|  |
| --- |
| **Radiation Worker Registration Application and Radiation Work Permit Form** |

Manager of SAGA-LS

|  |  |  |
| --- | --- | --- |
| Affiliation : |  |  |
|  | post | name |
| Representative: |  |  |

Application for radiation worker registration and access control card for the following person.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | Date of Birth |  | | Sex |  |
| (Signature or typed name with stamp) | | （YYYY/MM/DD） | |
| Department |  | | Profession | | (If you’re a student, mention your grade) | | |
| SAGA-LS  Usage history | YES（Fiscal year last used： ） | | | | | | |
| NO | | | | | | |

1. I declare that I am keeping records about the items below for the person mentioned above.
2. Measurement of radiation exposure in accordance with the provisions of Article 20, paragraph 2, of Act on the Regulation of Radioisotopes (1957, Law No. 167).
3. Conduction of radiation education training in accordance with the provisions of Article 22 of Act on the Regulation of Radioisotopes (1957, Law No. 167) .
4. Medical examinations in accordance with the provisions of Article 66 of the Industrial Safety and Health Act (For student, medical examination based on Article 23 of Act on the Regulation of Radioisotopes (1957, Law No. 167).
5. I certify that the exposure of the abovementioned person does not exceed the legal limits specified in the law. I will be notified immediately if the applicant’s exposure exceeds 30% of the legal limit after application or if the applicant is considered unsuitable for radiation work on the basis of their medical examination results.
6. I authorize the person mentioned above to conduct radiation work at the SAGA-LS this year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [Name of radiation protection supervisor](https://www.linguee.com/english-japanese/translation/radiation+protection+supervisor.html) (signature or typed name with stamp） | | | | |
|  | Post | name | |
|  | |  |  |  |
| In case a radiation protection supervisor has not been appointed, please indicate the name and position of the labor management supervisor. | | | | |

Latest received date

|  |  |  |
| --- | --- | --- |
| Ionizing radiation medical examination | Date （Less than 1 year from the planned experiment） | （YYYY/MM/DD） |
| Medical institution name |  |
| Radiation　safety training | Date （Less than 1 year from the planned experiment） | （YYYY/MM/DD） |
| Received Location  SAGA-LS  Other  （ 　　　　　　　　　） | new  re-education  omission （reason： 　　　　　　　　　） |

Address of the contact person for sending notifications of radiation exposure:

|  |  |  |  |
| --- | --- | --- | --- |
| Affiliation and Department： | | | |
| Name： | | Tel： | Email： |
| Address： | 〒 | | |



SAGA-LS　Safety Control Division Email: anzen@saga-ls.jp

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