

Radiation Worker Registration Application and Radiation Work Permit Form

Manager of SAGA-LS

Affiliation : Saga-LS Ltd. Development Department
post name
 Representative: Senior manager (typed name)

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

Name	(signature) <small>(Signature or typed name with stamp)</small>	Date of Birth	<u>1987/7/28</u> <small>(YYYY/MM/DD)</small>	Sex	<u>man</u>
Department	<u>Development Department</u>	Profession	<u>Engineer staff</u> <small>(If you're a student, mention your grade)</small>		
SAGA-LS Usage history	<input checked="" type="checkbox"/> YES (Fiscal year last used: <u>2021</u>) <input type="checkbox"/> NO				

- I declare that I am keeping records about the items below for the person mentioned above.
 - 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).
 - Conduction of radiation education training in accordance with the provisions of Article 22 of Act on the Regulation of Radioisotopes (1957, Law No. 167).
 - 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).
- 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.
- I authorize the person mentioned above to conduct radiation work at the SAGA-LS this year.

Name of radiation protection supervisor (signature or typed name with stamp)
Post name

(signature)

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)	<u>2023 / 12 / 15</u>
	Medical institution name	<u>SAGA Hospital</u>
Radiation safety training	Date (Less than 1 year from the planned experiment)	<u>2023 / 10 / 29</u>
	Received Location <input type="checkbox"/> SAGA-LS <input checked="" type="checkbox"/> Other (<u>SAGA City univ.</u>)	<input checked="" type="checkbox"/> new <input type="checkbox"/> re-education <input type="checkbox"/> omission (reason:)

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

Affiliation and Department: Saga-LS Ltd. General Affairs DepartmentName: (typed name)Tel: xxxx-xx-xxxxxEmail: xxxxx@xxxxxxAddress: 8-7 Yayoigaoka, Tosu, Saga 841-0005, Japan