

Radiological Work Certificate at Research Center for Accelerator and Radioisotope Science, Mikamine Site (RARiS Mikamine)

1. Name of worker (Position) : _____ (_____)

Affiliation: _____

Date of birth: _____ / _____ / _____ (year/month/day), biological sex: (male / female)

e-mail Address: _____

Years of the radiological work experience: _____ years

Years of the radiological work experience in the facility in Japan:

Facility, years : _____

Facility, years : _____

Facility, years : _____

Ex) RARiS Mikamine, 2 years

2. Period of radiological work in radiation-controlled areas at RARiS Mikamine

Estimated period: From Y _____ /M _____ /D _____ to Y _____ /M _____ /D _____

Description of works: _____

3. Education & training at home facility

a) Preliminary education & training conducted on Y _____ /M _____ /D _____

Contents	hours
Safe handling of radioisotopes	
Safe handling of radiation generators	
Effects of radiation on human body	
Others (_____)	

b) The latest re-education & training conducted on Y _____ /M _____ /D _____

Please check the box of the contents included in the education.

☐ Safe handling of radioisotopes and radiation generators

☐ Effects of radiation on human body

☐ Others(_____)

4. Occupational radiation exposure records

Effective Dose Equivalent (Tissue Dose Equivalent) :

FY2021: mSv.FY2022: mSv, FY 2023: mSv, FY2024: mSv, FY2025 : mSv

Equivalent dose absorbed by the lens of the eye :

FY2021: mSv.FY2022: mSv, FY 2023: mSv, FY2024: mSv, FY2025 : mSv

Equivalent dose absorbed by skin :

FY2025: mSv

Equivalent dose absorbed by other tissues:

FY2025: mSv

5. The latest medical examination for RI work:

a) Conducted on Y / M / D ,

Name of medical institution: _____

Name of physician: _____

b) Eligible to engage in RI work (yes / no)

Applicant Oath

To the Director of the Research Center for Accelerator and Radioisotope Science Mikamine Site (RARiS Mikamine), Tohoku University,

I pledge to take the education and training for the radiation worker at RARiS Mikamine before engaging in radiological work, and to comply with RI related laws in Japan and RARiS Mikamine regulations.

Signature/seal _____

Y / M / DAffiliation Oath

To the Director of the Research Center for Accelerator and Radioisotope Science Mikamine Site (RARiS Mikamine), Tohoku University,

I hereby certify that the above person has engaged in radiological work at our organization and is authorized to work in radiation-controlled areas at RARiS Mikamine.

Certifying authority: _____

Certifying person: Title Name: (L) (F)

Signature/seal _____

Y / M / D

----- from by RARiS Mikamine -----

User-ID:

Signature of manager

(Y / M / D)