

Certificate (FY2025)

Name of Applicant : (Last) _____ (First) _____ (Middle) _____
 Sex : _____
 Date of Birth : _____ (year/month/day)
 Institution : _____
 Address : _____
 Main Business Activities :
 Work using particle accelerators, radiation generators, etc. Work involving the handling of radioisotopes, etc.
 Others (_____)

1. Period(s) of Exposure: from _____ (year/month)

2. Individual Dose Records (please fill in relevant items.)

Effective dose for the past four years*1		Dose of 2025/Apr - present ①		Dose of current Quarter (only for women)
2021/Apr - 2022/Mar	mSv	Effective dose	(mSv X)*2	mSv
2022/Apr - 2023/Mar	mSv	Equivalent dose of skin	mSv	For a pregnant woman, please attach the dose records after declaration of pregnancy. Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No
2023/Apr - 2024/Mar	mSv	Equivalent dose of lens of the eye	mSv	
2024/Apr - 2025/Mar	mSv	Other (_____)	mSv	

*1 The Japanese law defines the period between April to March, i.e. fiscal year.

*2 "X": The number of records less than detection limit.

3. Medical Examination* ②

The applicant received a medical examination as required. Yes No

Any restrictions? Yes No (_____)

4. Training in Radiation Protection* ③

The applicant attended training in radiation protection as required. Yes No

He/ She has sufficient knowledge on radiation protection. Yes No

* Please ensure all questions are answered.

If you have any questions, please contact the person in charge of the acceptance.

..... ☆..... ☆..... ☆..... ☆.....

The applicant was a registered worker in radiation-controlled areas at our institution.

I consent that the applicant can work in radiation-controlled areas at the National Institutes for Quantum Science and Technology (QST), JAPAN.

I hereby certify that the above statement is correct.

Signature: _____

Name: _____

Section and Position: _____

Date: _____

Entry field for the person in charge of the acceptance

受入情報		従事区域※1	
受入外国人氏名(カタカナ)		サイクロトン棟	<input type="checkbox"/> 重粒子線棟
受入部課名		<input type="checkbox"/> 本体室側	<input type="checkbox"/> 新治療棟
受入部課長名	印	<input type="checkbox"/> 生産側	<input type="checkbox"/> 低線量影響実験棟
受入責任者		X 線棟	<input type="checkbox"/> 静電加速器棟
受入区分		<input type="checkbox"/> 標準線源室	その他
受入承認期間	西暦 年 月 日 ~ 西暦 年 月 日	<input type="checkbox"/> 第2照射室	<input type="checkbox"/>
本人確認※2	<input type="checkbox"/> パスポート <input type="checkbox"/> 運転免許証 <input type="checkbox"/> その他 (_____)	<input type="checkbox"/> その他	
		ガンマ線照射施設	
		<input type="checkbox"/> セシウム第1照射室	
		<input type="checkbox"/> セシウム第2照射室	
		<input type="checkbox"/> コバルト第1照射室	
		<input type="checkbox"/> 中性子線源室	

※1: 研究計画、業務内容により、立ち入りを希望する従事区域にチェックを記入してください。

※2: 色の濃い従事区域は防護区域のため、受入担当において公的機関が発行した顔写真入り身分証明書での本人確認が必要です。

放射線安全課記入欄

登録年月日 西暦 年 月 日	管理番号	登録区分	RI・核種	登録番号
就業前の健康診断の結果 判定年月日 西暦 年 月 日	判定結果	確認印:	課長	主幹
				担当

- ① Effective dose limits according to Japanese laws are 100 mSv/5years and 50 mSv/year.
- Equivalent dose limits according to Japanese laws are 100 mSv/5years and 50 mSv/year for crystalline lens of the eyes
- Equivalent dose limits according to Japanese laws are 500 mSv/year for the skin.
- ② If you had the medical examination within your own country, please mark "Yes".
- ③ If you are legally permitted to handle radioactive materials and deal with radiation within your own country, please mark both "Yes".