(Form-1.5b)　　Project No.(① 26xxxxx)

Application form for the HIMAC utilization plan

Submission Date (② 2026.4.1)

To radiation safety section manager in QST Chiba office,

Request for approval the usage plan.

Affiliation of the project representative ③ QST Univ.

Name of the project representative ③ John Smith

Affiliation of the project staff in QST ④ Radiation safety section (extension ④9999)

Name of the project staff in QST (No notation required for paid use) ④ Taro Yamada

1. Purpose of using the HIMAC

	Title of the project ⑤ Research on ○○.
⑥	☑New Project / ☐Continuation Project
⑦	Expected results of the project
⑧	Experimental procedures

⑨ Irradiation room*		Information on irradiated object (or irradiated animal)	Nuclides produced by activation and expected radioactivity
	Medium energy beam irradiation room	⑩	Nuclide1 : Radioactivity : Bq ⑪
	Physical and general-purpose irradiation room		Nuclide2 : Radioactivity : Bq
✓	Biological irradiation room		Nuclide3 : Radioactivity : Bq
	Secondary beam irradiation room		Nuclide4 : Radioactivity : Bq

* Place a check mark in the Irradiation room where you will be using it.

Please fill in the areas enclosed in bold frame.

No.	item	How to fill out the form
①	Project No.	Please fill in the project number.
②	Submission Date	Please fill in the submission date of the form.
③	Information on the project representative	Please fill in the affiliation and name of the project representative.
④	Information on the project staff in QST	Please fill in the affiliation and name of the project staff in QST.
⑤	Title of the project	Please fill in the title of the project.
⑥	Continuation Project / New Project	Please put a "✓" in the appropriate section for continuation project or new project.
⑦	Objective of the project	Please provide a brief description of the project objectives.
⑧	Experimental Procedures	Please describe the experimental procedure.
⑨	Name of the room used for the experiment	Please put a "✓" in the name of the room to be used for the experiment.
⑩	Irradiated object (irradiated animal)	In the case of irradiated object, describe the material and size of the sample in as much detail as possible. In the case of irradiated animals, describe the name and number of animals.
⑪	Nuclides produced by activation and expected radioactivity	Please describe the nuclides produced by activation and expected radioactivity of the irradiated material (or irradiated animal).

2. Information on the irradiated object (or irradiated animal)

Whether there is a carry-in or not	In case of Yes	
⑫	Name of the storage room and storage period in Radiation Controlled Area	Name of the disposal room in Radiation Controlled Area
☑Yes / ☐No	⑫	⑫

Whether or not irradiated objects are taken out of the radiation-controlled area in HIMAC	In case of Yes		
	Name of irradiated object , animal or plant	Where to transport the irradiated objects	How to transport the irradiated objects
⑬ ☑Yes / ☐No	⑬	⑭	⑮

3. Information on radioactive waste

Whether radioactive waste is generated or not	⑰ In case of Yes, check the radioactive waste details
⑯ ☑Yes / ☐No	☑burnable /☐ Flame retardant /☐unburnable /☐animal ☐others ( )

⑫	The presence or absence of irradiated object	Please put a "✓" in the appropriate section regarding whether or not irradiated materials (or irradiated animals) are brought into the radiation controlled area in HIMAC. If yes, please fill in the storage room and storage period.
⑬	Whether or not irradiated objects are taken out of the radiation controlled area in HIMAC	Please put a "✓" in the appropriate section regarding whether or not irradiated objects (or irradiated animals) have been removed from the radiation controlled area in HIMAC, and if so, please provide specific details regarding their destination and method of transportation.
⑭	Where to transport the irradiated objects	Please indicate the location of the irradiated material (or irradiated animals) to be transported
⑮	How to transport the irradiated objects	Please describe the method of transporting the irradiated material (or irradiated animals). If you are outsourcing it to a contractor, please provide the name of the contractor.
⑯	Whether radioactive waste is generated or not	Please put a "✓" in the appropriate section regarding the presence or absence of radioactive waste.
⑰	Radioactive waste details	Please put a "✓" in the appropriate section of the radioactive waste category and provide specific details.

4. Irradiation beam conditions

⑱

【Irradiating ions and energy】(Place a check mark in irradiating ions and energy.)

Irradiating ion-energy (MeV/u)				
Irradiating ion	Medium energy beam irradiation room	Physical and general-purpose irradiation room	Biological irradiation room	Secondary beam irradiation room
□He	□6	□100 / □180 / □230	□150	□100 / □180 / □230
☑C	□6	□100 / □180 / □230 / □290 □350 / □400 / □430	□135 / □290 □350 / ☑400	□100 / □180 / □230 / □290 □350 / □400 / □430
□N	□6	□100 / □180 / □230 / □290 □350 / □400 / □430		□100 / □180 / □230 / □290 □350 / □400 / □430
□O	□6	□100 / □180 / □230 / □290 □350 / □400 / □430		□100 / □180 / □230 / □290 □350 / □400 / □430
□Ne	□6	□100 / □180 / □230 / □290 □350 / □400 / □430 / □600	□230 / □400	□100 / □180 / □230 / □290 □350 / □400 / □430 / □600
□Si	□6	□100 / □180 / □230 / □290 □350 / □400 / □430 □600 □800	□490	□100 / □180 / □230 / □290 □350 / □400 / □430 / □600 □800
□Ar	□6	□290 / □400 / □650	□500	□290 / □400 / □650
□Fe	□6	□500	□500	□500

⑲

【Number of irradiating ionic particles】(Place a check mark in number of irradiating ionic particles.)

Number of irradiating ionic particles (pps)*				
Irradiating ion	Medium energy beam irradiation room	Physical and general-purpose irradiation room	Biological irradiation room	Secondary beam irradiation room
□He	□2.0×10^{12}	□1.2×10^{10}	□1.2×10^{10}	□4.0×10^{7}
☑C	□1.0×10^{11}	□1.8×10^{9}	☑2.0×10^{9}	□6.0×10^{6}
□N	□1.0×10^{11}	□1.5×10^{9}	□1.7×10^{9}	□5.0×10^{6}
□O	□1.0×10^{11}	□1.1×10^{9}	□1.2×10^{9}	□3.7×10^{6}
□Ne	□1.0×10^{11}	□7.8×10^{8}	□8.5×10^{8}	□2.6×10^{6}
□Si	□1.0×10^{11}	□4.0×10^{8}	□4.4×10^{8}	□1.3×10^{6}
□Ar	□1.0×10^{11}	□2.4×10^{8}	□2.7×10^{8}	□8.0×10^{5}
□Fe	□1.0×10^{11}	□2.5×10^{8}	□2.5×10^{8}	□8.3×10^{5}

*Number of irradiating ionic particles (pps) in the table is the maximum number of particles approved for use; the actual number of irradiating ionic particles available is less.

No.	item	How to fill out the form
⑱	Irradiating ions and energy	Please put a "✓" in the irradiating ions used and the applicable maximum energy in the project.
⑲	Number of irradiating ionic particles	Please put a "✓" in the number of irradiating ionic particles in the project.

Information on experimental participants

⑳

(*1)	(*2, 3)	Name	E-Mail address (*4)	Affiliation	Status within QST. (*5)
✓	○	John Smith	xxx@xxx.co.jp	QST Univ.	C

(*1) Among those who will actually participate in the project, please decide who will be responsible for representing the work group and place a check mark. This person may be different from the person who will be responsible for the project representative. If there will be a different person responsible for each machine time, please check all responsible persons.

(*2) Please place "○" those who have completed registration as a "Radiation Worker" in QST Chiba office.

(*3) Please place "△" if you plan to register as a "Radiation Worker" in QST Chiba office.

(*4) Please fill in your e-mail address if you have one.

(*5) Please select the applicable category in QST, from the following and fill in the appropriate alphabet. Please check with the project staff in QST to determine which category applies to you.
For paid use of HIMAC, please fill in "J".

A: Retirees and fixed term employees in QST	F: Postdoctoral Fellow
B: Visiting Researcher	G: Invited Researcher
C: Cooperative Program Graduate Student	H: JSPS Research Fellow
D: Trainee	I: Junior Researcher Associate
E: Visiting Collaborative Researcher	J: others (e.g., Paid User)

※If you are not registered as a "Radiation Worker" in QST Chiba office by the day of the experiment, you will not be able to participate in the experiment even if your name is on the list of participants for this experiment.

No.	item	How to fill out the form
⑳	Information on experimental participants	Please include the experiment participant's name, email address, institutional affiliation, and status within QST.