Form 2AN

Radiological Work Certificate

To the Safety Office Director,JASRI

I hereby certifythat the following person has engaged in radiological work at our organization.

1．Name of worker:

Date of birth: / / (year/month/day), Sex: ( male / female )

2．Period of radiological work in radiation-controlled areas.

Period: From Y /M /D to Y /M /D

3．Education & training

education & training recently conducted on Y /M /D

Law and ordinances on prevention of radiation hazards by radioisotopes and radiation generators: minutes

Safe handling of radioisotopes and radiation generators: minutes

Effects of radiation on the body: minutes

4．Occupational radiation exposure records

a) Accumulated Dose up to March 31, 1989

From Y /M /D to Y /M /D : mrem. Below measurable limit: number of times

b) Total Effective Dose Equivalent on or after April 1, 1989

From Y /M /D to Y /M /D : mSv. Below measurable limit: number of times

Every fiscal year ；2016-2020

(FY2016) From Y /M /D to Y /M /D : mSv. Below measurable limit: number of times

(FY2017) From Y /M /D to Y /M /D : mSv. Below measurable limit: number of times

(FY2018) From Y /M /D to Y /M /D : mSv. Below measurable limit: number of times

(FY2019) From Y /M /D to Y /M /D : mSv. Below measurable limit: number of times

(FY2020) From Y /M /D to Y /M /D : mSv. Below measurable limit: number of times

5．Symptoms of radiation toxicity in the past: Yes / No

6．Abnormalities on health examinations in the past: Yes / No

I hereby witness the above statements Y /M /D

Certifying authority:

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

Signature/seal

(2017/01/16)