ACTIVITIES AT LNS WITH IONIZING RADIATIONS RISKS

(for guest workers, NOT belonging to INFN)

Following the request for LNS access authorization, related to the period:

from……..……to…….…..…. for the worker:

(last name)……...……..(first name):…..……..……..……..……

email…..……...……..……..…. belonging to this University/Institute/Company

……..……..……..……..……..

We declare that the worker is authorized to access to LNS ionizing radiation risks classified areas and carry out the following activities: ……

We also approve ☐ or deny ☐ the use of radioactive sources or radiogenic machines.

We declare and agree also that:

- The risk classification, carried out by our Radiation Protection Expert, dr…… ……...……is: Exposed Worker, category A ☐ or category B ☑, with radiation protection medical fitness valid up to……..……..…….. (2), or ☐ not Exposed Worker.
- All the obligations imposed by law, in force in Italy and in our nation, on the employer, including training and insurance on ionizing radiation risks, are in charge of the undersigned.
- Agreements for the protection of workers and dose constraints are set out in the LNS/RADIOP/EWA, document. If different, the constraints are as follows: .....mSv/……..

Any change to this data (including medical fitness) that will occur within the period required for access will be promptly communicated.

Email for dose communications: ……..……...……

Contact person …….. email: ……..……..

Date ……. Employer Signature and stamp

(1) Specify name and address (2) Medical fitness period cannot be more than one year for workers in the B category and six months for those in A category.

Declaration of the Worker: I have read the INTERNAL RADIATION PROTECTION RULES published on the LNS website www.lns.infn.it/en/radiation-protection-rules and undertakes to comply with them and with any further specific instruction relating to the experiment or my activity, which will be communicated by the LNS radioprotection service.

Worker Signature

LNS radiation protection expert signature to confirm the classification: