

Attestation for individual dose of guests in building 540/542, HZDR

If you want to work in radiation protection areas in building 540/542, the responsible departments of HZDR and VKTA need and record information about your received individual dose in the current year and also of your lifetime dose to get sure that you don't exceed the legal dose limits.

Please fill in the following form.

Name, First Name: male
Date of birth: female
Place of birth:
(city and nation)

Current institution:
Address of institution:
.....
.....

How long will you stay in building 540/542? From until

In which area of building 540/542 do you want to work?
(e.g. FELBE, LASER, radiation physics, etc.)

Who is your contact person in building 540/542?

Are or were you an occupationally radiation exposed person?* yes no

If yes – period of time? From until

If yes – what's your lifetime dose value? mSv

If yes Category A Category B

I have a valid personal dosimeter and will bring it with me to HZDR. yes no

I have a valid radiation passport and will bring it with me to HZDR. yes no

If yes – number of radiation passport:

Did you already work in a radiation protection area in the current calendar year?

yes no If yes – where?

Did you already receive an individual dose in the current calendar year?

yes no If yes – dose value: mSv

Date: Signature:

* The local radiation safety officer of your institution can help you with these questions.