

## **Attestation for individual dose of guests in building 540/542 at 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.