## Attestation for individual dose of guests at Ion Beam Center

If you want to work in radiation protection areas in building 710, 711 and 713 at Ion Beam Center (IBC), 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 follo	owing form.				
Name, First Name:					□ male	
Date of birth:					□ female	
Place	of birth:	(city and nation)				
Currer	nt institution:					
Addres	ss of institutio	n:				
		••••				
How I	ong will you	stay at radiation p	rotection area	ıs?		
From .		until				
	ch area of II ng/rooms, fac	BC do you want to vilities, etc.)	work?			
Who i	s your conta	act person iat IBC?				
Are o	were you a	n occupationally ra	diation expos	ed person?*	yes	no
	If yes	- period of time?	From	until		
	If yes	s – what's your lifetim	e dose value? .	mSv	/	
	If yes	Category A	□С	ategory B		
I have	a valid perso	nal dosimeter and will	I bring it with me	e to HZDR.	□ yes	□ no
I have	a valid radiat	on passport and will I	bring it with me	to HZDR.	□ yes	□no
	If yes	- number of radiatio	n passport:			
Did yo	ou already w	ork in a radiation p	rotection area	in the curren	t calendar ye	ear?
□ yes	□no	If yes – where?				
Did yo	ou already re	eceive an individua	I dose in the c	urrent calenda	ar year?	
□ yes	□no	If yes – dose value:	: m	Sv		
Date:			Signature:			

 $<sup>^{\</sup>ast}$  The local radiation safety officer of your institution can help you with these questions.