

Technische Universität München Forschungs-Neutronenquelle Heinz Maier-Leibnitz (FRM II) Strahlenschutz

Lichtenbergstr. 1, 85748 Garching, Germany Tel.: +49 89 289 -14955, Fax.: -14405 Email: strahlenschutz@frm2.tum.de

Access to controlled areas of FRM II for participants of neutron schools etc.

Please email this form to the organiser of your neutron school/ lab course... before the given deadline!

		T				
		Please fill	in the indiv	vidual information (Plea	ase use block letters)	
Ins	stitute/Company					
De	partment					
Stı	reet					
ZIF	P/Postal code, city					
Co	ountry					
0						
	rname					
	st name					
	te of birth					dd.mm.yy
Se	X	female \square	male			
Sta	art of Visit			End of Visit		dd.mm.yy
	Non-occupationally expose	ed person (D	oid not work in	n controlled areas during the	he last 12 months)	
	Occupationally exposed pe					
ш	(Please complete the following of		an occupation	onal radiation exposure)		
-	Last medical examination (<u> </u>			dd.mm.yy
-	Annual dose limit	ii availabio)				in mSv
-	Lifetime dose until 31.12. o	of last year				in mSv
-	Monthly whole body dose	-	lanuary			in mSv
	current year	oi ille	January February			iii iiiSv
	,		March			-
			April			-
			May			1
			June			1
			July			
			August			
			Septembe	r		
			October			_
			November			_
			December	ſ		
	Further Information					
l co	nfirm that the doses were	communica	ted correc	tly and that the emplo	ovee is instructed to ol	l oev the radia-
	protection and safety regu			, p	, : : :::::::::::::::::::::::::::::::::	,
Plac	e and Date	Dire		n Protection Officer/ nstitute/Member of the	Signature and stamp of Institute/Company	f
Wi	rd vom Strahlenschutz FRM II	l ausgefüllt:		Monat/Jahr:		

XX-Film:



Please complete this form only in case you do not have a "Strahlenpass" (= Radiation Passport). If you have a "Strahlenpass", please make sure that the last entry is not older than three months and bring it with you together with your dosemeter when visiting the MLZ.

Please don't forget to email this form to the course's organiser and bring the original with you upon arrival!



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Please email this form to the organiser of your neutron school/ lab course... before the given deadline!

First, complete your personal data. Don't miss to give the dates of your planned visit!

You did not work in a controlled area during the last 12 months?

Please check the first check box.

Did you work in a controlled area during the last 12 months?

Then please check the second check box <u>and</u> provide the requested data/ ask the person in charge to do this. Please note that the last entry must not be older than three months.

In both cases:

The form has to be signed. Without that signature, we unfortunately can't grant any access!

	Please fill	in the individ	lual information (Ple	ease use block letters)	
Institute/Company					
Department					
Street					
ZIP/Postal code, city					
Country					
Surname					
First name					
Date of birth					dd.mm.yy
Sex	female \Box	l male			
Start of Visit			End of Visit		dd.mm.yy
│	d person (D	oid not work in o	controlled areas during	the last 12 months)	
Occupationally exposed per (Please complete the following or		an occupation	al radiation exposure)		
Last medical examination (if	Last medical examination (if available)				dd.mm.yy
Annual dose limit					in mSv
Lifetime dose until 31.12. of	last year				in mSv
Monthly whole body dose o	f the	January			in mSv
current year		February			
		March			
		April			_
		May			4
		June			4
		July			4
		August			4
		September			4
		October			4
		November			4
		December			
☐ Further Information					

I confirm that the doses were communicated correctly and that the employee is instructed to obey the radiation protection and safety regulations of FRM II.

Place and Date		ation Protection Officer/ he institute/Member of the	Signature and stamp of Institute/Company
Wird vom Strahlenschutz F	FRM II ausgefüllt:	Monat/Jahr:	