

Inquiry of education and training records related to radiation work

(1)	Do you have experience as a radiation worker in Japan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "No" in (1), the following question has been closed.

If you answered "Yes" in (1), please tell us about your experience as a radiation worker below.

(2)	Have you ever been registered as a Radiation Worker with KEK Tsukuba Affiliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	Are you registered as a Radiation Worker for the current or previous year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)	How long have you been registered as a Radiation Worker?	Years
(5)	Name of the organization where you have a history of Radiation Worker registration. (Answer wherever possible)	

I certified above.

Date (YYYY/MM/DD): / / .

Name: _____

Affiliation of KEK: _____

Position: _____

No need to fill out below

放射線管理室 記入欄	受付日	区 分
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C