**Inquiry of education and training records related to radiation work**

(1) Describe relevant education and training for handling radioactive materials (sealed and unsealed radioisotopes and nuclear materials) and accelerators (radiation generation devices)

(If you took education or training courses in the past, such as radiation safety or training sessions, please provide as much detail as possible regarding the contents, location, and date)

(2) Describe the experience of handling radioactive materials and accelerator (radiation generation device)

(Please describe the location (name of university or institution) where you use radioactive materials or accelerators, the types of them, and the duration.

(3) Whether or not a certification of radiation protection supervisor has been issued.

I certified above

Date (YYYY/MM/DD) ：

Name：

Affiliation of KEK：

Position：

Note: This form is used to determine the hours to be assigned for your radiation safety training, etc., so please describe as much detail as possible.

No need to fill out below

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| 放射線管理室  記入欄 | 受付日 | 区　分 |
|  |  |

February 08, 2024