

**Datenerhebung für ausländisches beruflich strahlenexponiertes Personal
 (request for occupational exposure records of radiation history for outside workers)**

Please supply us with a complete report of the occupational dose for the following individual and send this information as soon as possible back to the FRM-II radiation Safety Dept., Fax:+4989-289-12191. Note, every employee has to wear his own official (film-badge-) dosimeter in our controlled area.

Please fill in the individual information		
Familienname (last name)		
Vorname (first name)		
Geburtsdatum (date of birth)	__-__-__	dd.mm.yy
Geschlecht (sex)	weiblich <input type="checkbox"/> , männlich <input type="checkbox"/> (female) (male)	
Kontaktperson FRM II (local contact FRM II)		
Lebensdosis Stand 31.12. Vorjahr (radiation lifetime dose until 31.12. of proceeding year)		
		in mSv (1mSv=100mRem)
Effektive Monatsdosen im laufenden Jahr (monthly radiation doses from the current year)	Januar	in mSv (1mSv=100mRem)
	Februar	
	März	
	April	
	Mai	
	Juni	
	Juli	
	August	
	September	
	Oktober	
	November	
	Firmenname (company name)	
Abteilung (department)		
Straße und Hausnummer (street and number)		
PLZ, Ort (Zip code, city)		
Land (country)		
Telefonnummer (phone number)		

Ich versichere, daß ich gesundheitlich den Anforderungen für die Arbeiten in Strahlenschutzbereichen des FRM II gewachsen bin.

(I secure full physical constitution to perform work in controlled areas of FRM II.) yes no

Ich trage keinen Herzschrittmacher, habe keine chronische Erkrankung (z.B. Diabetis) oder sonstige gesundheitliche Probleme.

(No pace maker, chronic disease (e.g. diabetes) or other health problems exist.) yes no

Unterschrift (signature)

Name (name)

FRM-II will supply the necessary dosimeters and instructions to every employee. No employee is allowed to enter restricted areas without permission by FRM II.

Strahlenschutzbeauftragter / Geschäftsleitung
 (Health Physicist / employer management)

Unterschrift (signature)

Name (name)