

IFIC ACCESS AUTHORIZATION FORM RELEASED BY THE APPLICANT'S EMPLOYER

(to be written on headed notepaper of the Home Institution)

(to be filled in by the Head of the Home Institution or his/her Representative)

**To the director of IFIC – Instituto de Física Corpuscular
C/ Catedrático José Beltrán, 2. 46980 Paterna (Valencia) SPAIN**

Please, authorize Mr. /Ms.: _____ to have access to
IFIC for the period from: _____ to: _____ to work at the Department /
Service/Experiment: _____ as a member of the group:

Home Institution: _____

Permanent Employee ☐

Temporary Employee ☐

Kind of contract:

Expiring date:

Other ☐

specify:

From:

to:

According to the laws in force in Spain concerning work health and safety (L 31/1995 LPRL; RD 171/2004; and subsequent modifications and/or integrations)

I hereby declare that:

A) The employee is fit for carrying out the activity, for which the access to IFIC is requested, and that he/she has been given the necessary information and formation.

B) He/She is authorized to work, as an exposed worker, with ionizing radiation risk at IFIC:

NO

YES

If the answer is **NO** (please cross below):

☐ He/she **is not authorized** to work with ionizing radiation risk at IFIC and he/she is insured against work accident risks during the period of his/her stay at IFIC.

☐ His/her radiation protection classification is **Non-exposed worker** (authorized to use only weak radioactive sources and to handle weakly activated targets at IFIC):

- He/she will contact the IFIC radiation protection officers upon his/her arrival at IFIC

- He/she is insured against work accident and radiation risks during the period of his/her stay at IFIC

If the answer is **YES (only if the activity with radiation risks is performed at IFIC)**:

- His/her **radiation protection classification** is: **A** ☐ **B** ☐
- He/she has been given training in radiation protection successfully at his/her home institution (provide a copy before the date of arrival to the IFIC secretary).
- He/she has a medical certification proving the suitability to work with radiation risks (for both A and B class exposed workers) (provide a copy before the date of arrival to the IFIC secretary).
- He/she will provide his/her personal dose record history, year by year, from the last 5 years (for both A and B class exposed workers) (provide a copy before the date of arrival to the IFIC secretary).
- He/she will contact the IFIC radiation protection officers upon his/her arrival at IFIC.
- He/she is insured against work accident and radiation risks during the period of his/her stay at IFIC.

For further information please contact:

Phone number:

e-mail:

Address:

Signed:

Charge:

DATE:

(STAMP, NAME AND SIGNATURE OF THE HOME INSTITUTION'S PERSON IN CHARGE)