



Access to controlled areas of FRM II for scientists/employees of foreign institutions

Please email/fax this form directly to the FRM II Radiation Protection Department
5 working days before your visit starts at the latest.

Please fill in the individual information (Please use block letters)			
Institute/Company			
Department			
Street			
ZIP/Postal code, city			
Country			
Surname			
First name			
Date of birth			dd.mm.yy
Sex	female <input type="checkbox"/>	male <input type="checkbox"/>	
Start of Visit		End of Visit	dd.mm.yy
<input type="checkbox"/> Non-occupationally exposed person (Did not work in controlled areas during the last 12 months)			
<input type="checkbox"/> Occupationally exposed person (Please complete the following only in case of an occupational radiation exposure)			
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 of the current year	January		in mSv
	February		
	March		
	April		
	May		
	June		
	July		
	August		
	September		
	October		
	November		
	December		
<input type="checkbox"/> 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

Name Radiation Protection Officer/
Director of the institute/Member of the
Management

Signature and stamp of
Institute/Company

Wird vom Strahlenschutz FRM II ausgefüllt:

Monat/Jahr: _____

XX-Film: _____

There is a new form asking for the dose history of scientists working outside Germany. This form has to be completed and signed by your radiation protection officer or – in case such a person is not available – the director of your institution and sent to the FRM II Radiation Protection Department (strahlenschutz@frm2.tum.de) at least five days before your experiment starts. This form is NOT valid for scientists working inside Germany!



Forschungs-Neutronenquelle
Heinz Maier-Leibnitz (FRM II)

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 scientists/employees of foreign institutions

Please email/fax this form directly to the FRM II Radiation Protection Department
5 working days before your visit starts at the latest.

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 **and** 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 individual information (Please use block letters)		
Institute/Company		
Department		
Street		
ZIP/Postal code, city		
Country		
Surname		
First name		
Date of birth		dd.mm.yy
Sex	female <input type="checkbox"/> male <input type="checkbox"/>	
Start of Visit		End of Visit
		dd.mm.yy
<input type="checkbox"/> Non-occupationally exposed person (Did not work in controlled areas during the last 12 months)		
<input type="checkbox"/> Occupationally exposed person (Please complete the following only in case of an occupational radiation exposure)		
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 of the current year	January	in mSv
	February	
	March	
	April	
	May	
	June	
	July	
	August	
	September	
	October	
	November	
	December	
<input type="checkbox"/> 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 _____ Name Radiation Protection Officer/
Director of the institute/Member of the Management _____ Signature and stamp of
Institute/Company _____

Wird vom Strahlenschutz FRM II ausgefüllt:

Monat/Jahr: _____

XX-Film: _____