

Form 1

Exposure Dose Management of Workers Engaged in Decontamination Works (Form)

1. Personal Identification Items

Name (Surname, Given name)	Male Female	Date of Birth	(Day/Month/Year)
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2. Changes in the Personal Identification Items

Date	Change from	To

3. Personal Work History Log

Name of the Site	Employment Date	Resignation Date

4. Past Exposure History

Period (dd/mm/yyyy)	Work Description	Effective Dose
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		

5. Exposure History

(1) Measurement Period	Effective Dose		(3) Equivalent Dose	Name of the Workplace (Description of Work)
	External Dose	(2) Internal Dose		
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()
/ / - / /				()

Fill in the effective dose measured every 3 months (monthly for women (except those who were diagnosed with no possibility of pregnancy)) in (1).

If the contract period terminates prior to the measurement date, fill the effective dose of the period up to the termination date.

Fill in (2) if internal exposure measurement is required.

Fill in the equivalent dose received on the surface of a pregnant woman's abdomen in (3).

6. Education History Log

Date	Conducted by	Description of Education (Activities, Courses)

Works for Decontamination, etc.
Work Notice for Works for Handling Designated Contaminated Soil and Wastes

Name of the Work			
Address of the Workplace			
Name and Address of the Employer	(Postal code -)		
	(Phone - -)		
Name and Address of the Ordering Party	Postal code -)		
	(Phone - -)		
Work Duration	From (dd/mm/yy) to (dd/mm/yy)	Name of Operation Leader	
Average Ambient Dose Rate at the Workplace			
List of Involved Contractors and Estimated Number of Workers		Workers	Workers
		Workers	Workers
		Workers	Workers
		Workers	Workers
		Workers	Workers

Date: _____

Name and Title of the Employer (seal)

Attn: Director, _____ Labour Standards Inspection Office

- Remarks
1. Delete the title which is not applicable: "Works for Decontamination, etc." or "Works for Handling Designated Contaminated Soil and Wastes" .
 2. This notice shall be submitted for each order, in principle, but shall be submitted for each workplace when it includes works at multiple different locations.
 3. In the "Address of the Workplace" field, describe the work area specifically. Attach documents such as maps as annexes if available.
 4. In the "Average Ambient Dose Rate at the Workplace", fill in the the average ambient dose rate at the workplaces for decontamination related works which was obtained beforehand. If the field is not sufficient, attach a list of the average ambient dose rates of each work location as an annex.
 5. In the "List of Involved Contractors and Estimated Number of Workers" field, fill in the name of each involved subcontractor and the number of workers engaged in the corresponding work. If the field is not sufficient, attach a list with the necessary informations as an annex.
 6. Affix his/her signature in the space provided. The signature can used in place of his/her seal.

Ionizing Radiation Medical Examination Card for Decontamination

Name		Sex	Male / Female	Date of Birth	(dd/mm/yyyy)	Employment Date	(dd/mm/yyyy)	
Experience of Radiation Works (including those in other businesses)	Period (dd/mm/yyyy)	from (dd/mm/yyyy) to (dd/mm/yyyy)	from (dd/mm/yyyy) to (dd/mm/yyyy)	from (dd/mm/yyyy) to (dd/mm/yyyy)		(1) Past effective dose up to the previous medical examination		
	Description of the Work					mSv (mSv)		
(2) Presence of exposure history								
(3) Judgment and action								
Date of medical examination								
Description of the current work								
Dose received after the previous medical examination	Effective Dose	Due to external exposure (except the NPP accident) (mSv)						
		Due to internal exposure (except the NPP accident) (mSv)						
		(4) Due to the NPP accident (mSv)						
		Total (mSv)						
Blood	White blood cell differential	White blood cell count (cells/mm ³)						
		Lymphocytes (%)						
		Monocytes (%)						
		Atypical lymphocytes (%)						
		Neutrophil	Stab cells (band cells) (%)					
			Segmented cells (%)					
		Eosinocytes (%)						
	Basocytes (%)							
	Red blood cell count (* 10 ⁴ cells/mm ³)							
	Hemoglobin content (g/dl)							
	Hematocrit value (%)							
Others								
Eye	Lens opacity (yes/no)							
Skin	Reddening (yes/no)							
	Dry skin or vertical wrinkles (yes/no)							
	Ulcers (yes/no)							
	Nail abnormalities (yes/no)							
Other tests								
Remarks as to the entire body								

Subjective symptoms				
References				
(5) Diagnosis by a medical doctor				
Name of the medical doctor who conducted the medical examination (seal)				
(6) Medical doctor's opinion				
Name of the medical doctor who provided the opinion				

Remarks

- 1 Fill in the total effective dose on 1 January 2012 and later in the field of (1). Fill in the cumulative dose on 31 December 2011 and earlier in parentheses.
- 2 In the field of (2), describe work location, work description and duration, radiation injuries and others relevant to radiation exposure if he/she has ever been exposed to radiation before.
- 3 In the field of (3), describe medical and occupational actions in response to the radiation exposures which were received during the period until the medical examination and tests described in this card.
- 4 In the field of (4), describe effective dose or estimate dose caused by (1) the NPP accident, (2) carrying out emergency work related to the NPP accident, (3) ingestion of radioactive materials, (4) contamination on open injuries, or (5) contamination on the body (or reason for exposure if the received effective dose cannot be estimated.)
- 5 In the field of (5), fill in the diagnosis by a medical doctor such as no abnormalities, detailed examination required, and treatment required.
- 6 In the field of (6), fill in the medical doctor's opinion when he/she gives a diagnosis with remarks on abnormalities based on the medical examination results.