

Work Notice for Works of Decontamination, etc.

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 Subcontractors 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 This notice shall be submitted for each order, in principle, but shall be submitted for each workplace when it includes works at multiple different local
- 2 In the "Address of the Workplace" field, describe the work area specifically. Attach documents such as maps as annexes if available.
- 3 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
- 4 In the "List of Involved Subcontractors 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 information as an annex.
- 5 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 in 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 (mSv)			
	Description of the Work				(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 count (cells/mm <sup>3</sup> )							
	White blood cell differential	Lymphocytes (%)						
		Monocytes (%)						
		Atypical lymphocytes (%)						
		Neutrophil	Stab cells (band cells) (%)					
			Segmented cells (%)					
		Eosinocytes (%)						
		Basocytes (%)						
	Red blood cell count (* 10 <sup>4</sup> cells/mm <sup>3</sup> )							
	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 (seal)				

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 the 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.

**Report on Results of Ionizing Radiation Medical Examination**

0	1	2	3	4	5	6	7	8	9
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**Card for Decontamination**

Sheet Type	<input type="text"/>	Lab. Ins. No.	<input type="text"/>	Pref.	<input type="text"/>	Relevant Insurance	<input type="text"/>	Jurisdiction	<input type="text"/>	Series No.	<input type="text"/>	Branch No.	<input type="text"/>	Workplace No.	<input type="text"/>
Reported year	<input type="text"/>	(From month to month) (___ th report)		Medical exm. conducted in.		<input type="text"/>		<input type="text"/>		7 Heisei← <input type="text"/>		dd	mm	yy	
Type of Work					Name of the Workplace										
Address of the Workplace	Postal code ( )				Phone ( )										
Name and Address of Medical Examination Organization					Number of Employees				Workers						
Number of Engaged Workers	Male	Workers		Female	Workers		Total		Type of works	<input type="checkbox"/> → 1 Decontamination, etc. <input type="checkbox"/> → 2 Collection, transportation or storage of removed soil <input type="checkbox"/> → 3 Collection, transportation or storage of contaminated waste Details of the works ( )					
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>								
Number of Workers with Comments (Describe specific comments on the back)	Male	Workers		Female	Workers		Total								
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>								
Grouping by effective dose															
No. of examined workers	1	≤ 5 mSv	Male	Workers	Female	Workers	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <p style="font-size: 2em; margin: 0;">/</p> </div> </div>								
			<input type="text"/>		<input type="text"/>										
	2	5 mSv <, ≤ 20 mSv	Male	Workers	Female	Workers									
			<input type="text"/>		<input type="text"/>										
3	20 mSv <, 50 ≤ mSv	Male	Workers	Female	Workers										
		<input type="text"/>		<input type="text"/>											
4	50 mSv <	Male	Workers	Female	Workers										
		<input type="text"/>		<input type="text"/>											

Page	Total page
<input type="text"/>	<input type="text"/>

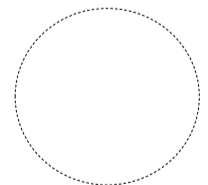
Industrial doctor	Name and Address of Affiliated Organization
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Date:

Name and Title of the Employer

Attn: Director, \_\_\_\_\_ Labour Standards Inspection Office

(seal)



Details of Comments

Tests		No. of Examinees	No. of Comments
White blood cell count	Male	Workers	Workers
	Female	Workers	Workers
White blood cell differential	Male	Workers	Workers
	Female	Workers	Workers
Red blood cell count	Male	Workers	Workers
	Female	Workers	Workers
Hemoglobin content	Male	Workers	Workers
	Female	Workers	Workers

Tests		No. of Examinees	No. of Comments
Hematocrit value	Male	Workers	Workers
	Female	Workers	Workers
Eyes	Male	Workers	Workers
	Female	Workers	Workers
Skin	Male	Workers	Workers
	Female	Workers	Workers

Remarks

- 1 This sheet will be directly scanned by an OCR. Do not spoil, punch, or fold the sheet.
- 2 Leave the fields open when they are not applicable.
- 3 Fill in the field using a black ink ball point pen and the reference Arabic numbers shown on the upper right of the form. Write them as large as possible within the box.
- 4 In the "Reported year" field, fill the year when the reported medical examination was conducted.
- 5 When the report includes a series of medical examinations conducted in a year, fill in the information "from mm to mm" in the "Reported year" field. The date of the medical examination in that case shall be the latest one.
- 6 For the "\_\_\_th report" in the "Reported year", fill in the ordinal number of the medical examination for the reported year.
- 7 Give the "Type of Work" according to the Japan Standard Industrial Classification.
- 8 In the "Name and Address of Medical Examination Organization" field, fill in the information for each organization when more than one organization is involved.
- 9 In the "Number of Employees", "Number of Engaged Workers", and "Number of Examinees" fields, fill in the numbers as of the date of the medical examination. "Number of Employees" refers to the number of regularly employed workers, "Number of Engaged Workers" refers to the number of workers regularly engaged in the decontamination related works.
- 10 In the "Number of Workers with Comments" field, fill in the number of workers for whom the medical doctor commented about the result of any tests, not the total number of comments in each test.
- 11 In the "Type of Work" field, fill in one of the three numbers shown in the field and describe the details in the parenthesis.
- 12 The grouping based on the radiation dose should be based on the dose in one calendar year that includes the date the medical examination was conducted.
- 13 Affix his/her signature in the space "Name of Industrial Doctor" and "Name and Title of the Employer". The signature can be used in place of his/her seal.