

From (Institute or Company)

To Helmholtz-Zentrum Berlin
für Materialien und Energie GmbH
Campus Lise Meitner
Stabsabteilung Strahlenschutz
Hahn-Meitner-Platz 1

FAX: +49 30 8062 - 42099

14109 Berlin

Family name: _____

Forename: _____

Date of birth: _____

Did not work in controlled areas during the last 12 months

Certificate for occupationally exposed persons

Last training in radiation protection (date) _____

Total previous whole body dose _____ mSv, since _____

Whole body dose for each of the last 12 months (in mSv):

Jan _____ Apr _____ Jul _____ Oct _____

Feb _____ May _____ Aug _____ Nov _____

Mar _____ Jun _____ Sept _____ Dec _____

Whole body dose during the last 3 months _____ mSv

Further Information

Date: _____ Signature and stamp _____
of Institute or Company: