

## **Radiosafety at the CIG**

I, the undersigned, declare that I have read and understood the full document "Radiosafety at the CIG". I acknowledge receipt of my strictly personal access to the controlled zones, and understand that under no circumstances can I lend/give my access-card to anyone.

I commit myself to respect the aforementioned rules and regulations and accept to undergo regular radiation exposure analyses if requested.

Given that the access to these laboratories is subject to special authorization, control of access may be done by an authorized person (direction of CIG and radiosafety expert) if needed.

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Place and date: \_\_\_\_\_

Signature: \_\_\_\_\_

I request the activation of my access card for GENOPODE controlled zones (4039.1 and 5016.1)

### **Endorsed by**

The group-leader / principal investigator: \_\_\_\_\_

The expert: \_\_\_\_\_