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| Please read carefully the information on <https://www.ill.eu/careers/working-at-the-ill/long-term-visitors/> and our ILL Personal Data Protection Policy in particular appendix, case 1) available here : https://www.ill.eu/about-the-ill/documentation/misc/gdpr/personal-data-protection-policy/ | |
| TO BE COMPLETED BY EMPLOYER AND LTV | |
| **1.** First Names and SURNAMES | **12.** NAME, ADDRESS, FUNCTION, STAMP and SIGNATURE of EMPLOYER : |
| **2.**  EMAIL : |
| **3.**  DATE of BIRTH |
| **4.**  PLACE OF BIRTH (City, Country) |
| **5.** FRENCHSOCIAL SECURITY N° |
| **6.** COMPANY SIRET N ° (French companies) |
| **7.** TYPE OF CONTRACT of LTV: **□** Permanent (CDI) **□** Fixed-term (CDD) CDD indicate finishing date ---------------------------  : **□** Retired from ILL | |
| **8**. ACCOMMODATION REQUIRED (**cf #1**) Dates from to Number of people | |
| **9.** DATE OF LAST MEDICAL EXAMINATION (the medical certificate is valid for two years) | |
| **10.** NAME AND ADDRESS OF EMPLOYER’S MEDICAL SERVICE | |
| **11. SIGNATURE of the PROPOSED LTV**  I, the undersigned, hereby certify that the information given is correct and that and I am insured against personal accident and third party accidental damage(see#2 for the risks associated with access to the ILL experimental areas). | Signature  Name of the employer’s insurance : |
| **13.** NAME OF the ILL PERSON PROPOSING the VISIT: | |
| **14.** PERIOD OF VISIT (min 3 months, max 1 year) : from to | |
| **15.** ACTIVITY PROPOSED and INTEREST to ILL :  **□** CRG **□** PhD **□** SCIENTIFIC COLLABORATION **□** SECONDMENT □ OTHER  **Detailed reasons :**  **Instrument(s) or Laboratory :**  Contract number / ref: | |
| **16.** CANTEEN CARD CATEGORY (#6**)** : **□** C (only PhD) **□** D ( CRG subsidised) **□** E (non subsidised) : | |
| **17** SITE ACCESS 24H/24  □ YES □ NO  ILL - ZAC □ YES □ NO *(cf. #4)*  ILL7-ILL22 Experimental areas □ YES □ NO (cf. #2 & 3)  ILL5-Level C : □ YES □ NO  ILL5-Level D : **□**YES **□** NO | |
| **18.**  The visitor is authorised to use the following facilities or infrastructure during normal working hours::  **□** LIBRARY  **□** COMPUTING FACILITIES **□**  CHEMISTRY LAB  **□** BIOLOGY LAB | |
| **19.** ILL OFFICE (Buiding and room number) | Future phone n° of LTV : |

PLEASE HAND OVER THIS ORIGINAL FORM DULY SIGNED WITH A COPY OF YOUR MEDICAL CERTIFICATE (in French or English) TO YOUR GROUP / DEPARTMENT / DIVISION ASSITANT

**INFORMATION**

1. **Accommodation**

To be filled out if temporary accommodation is needed. Please contact user-office@ill.eu for more information and to request booking.

1. **Access to ILL experimental areas and/or laboratories**

* **No access required:** LTVs who are only exposed to the risks associated with office work. More specifically, they are not exposed (NE) to radiological hazards (see #3 for relevant category).
* **Access required:** LTVs who may be exposed to the hazards associated with work in an experimental laboratory. These include: fire risk (flammable substances), explosion risk, chemical risk (dangerous gas, toxic substances, explosives), electrical risk, mechanical risk, biological risk, non-ionising radiation (UV – IR – laser – magnetic fields), load handling, work at heights, ionising radiation (see #3)

**Your Radiological Protection classification must be at least B (see #3) and your medical certificate must certify this.**

1. **Radiological protection**

The legal annual dose limits are:

NE Category <1 mSv/yr

B Category <6 mSv/yr

A Category <20 mSv/yr

For Category B & A, LTVs are exposed to the following radiological hazards:

- risk of external exposure to ß, , x and neutron radiation

- risk of internal exposure following penetration by activation products.

The following prevention and control measures apply:

- specific medical supervision and Category B classification for radiological hazards

- allocation of a film badge dosimeter and of an electronic dosimeter for the measurement of external exposure

- a whole body count, for the measurement of internal exposure.

1. An **administrative screening** (« criblage ») is required for all persons requiring access to the ZAC.

This security screening process will be carried out by the [COSSEN](https://www.defense.gouv.fr/gendarmerie/actualites/creation-du-commandement-specialise-pour-la-securite-nucleaire-cossen) (*COmmandement Spécialisé pour la SEcurité Nucléaire* -

1. **Safety requirements**

Compliance with safety rules is obligatory (c.f. handbook for new arrivals, laboratory information brochures, and the Health Physics regulations).

1. **Canteen card Catégories**

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| C : for PhD students | D : CRG subsidised | E. LTV not subsidised |

**IMPORTANT INFORMATION**

**Emergency procedures:** See printed sheet ‘WELCOME TO ILL’ given to you on arrival.

**Procedures to follow for the disposal of waste and/or samples**

Contact the Health Physics (SRSE) staff: **31** dispose of radioactive waste, to store radioactive samples, to check any sample leaving experimental areas.

Contact the safety engineers: **70 81** or **76 74** to dispose of conventional waste, to store non-radioactive samples