**FORM M-I**

**COMMUNICATION OF START DATE**

**OF PERSONNEL EXPOSED TO IONISING RADIATION**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Structure name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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* Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notice is hereby given that the personnel listed below, who were found to be fit to undergo a prior medical examination, have been classified in the category and with the starting date indicated below:

**Name e Surname Qualification** (1) **Classification Date of commencement**

**of workers** (2) **of the activity** (3)

Signature of the Radiation Protection Expert:

Signature of the Facility Director:

Signature of Worker:

**Notes:**

(1) Report the qualification of the radio-exposed personnel: teacher, technical-administrative, student, research grant holder, postgraduate student, trainee, graduate student, doctoral student, guest (specifying the Body/Company to which they belong).

(2) Exposed Category A worker, exposed Category B worker.

(3) Indicate the date of actual commencement of the activity involving exposure to ionizing radiation.