



**FORM M-I
COMMUNICATION OF START DATE
OF PERSONNEL EXPOSED TO IONISING RADIATION**

Date _____

- **Structure name:** _____

- **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 of workers (2)	Date of commencement of the activity (3)
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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.