**FORM S-A**

**COMMUNICATION OF SUSPENSION FROM WORK OF PERSONNEL EXPOSED TO IONISING RADIATION**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

Notice is hereby given that the personnel listed below have been temporarily suspended from activities involving exposure to ionizing radiation for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name e Surname (1) | | Qualification (2) | Classification of | Date of termination |
|  |  |  | activity (3) | of workers (4) | |

Signature of the Radiation Protection Expert:

Signature of the Facility Director:

Signature of Worker:

|  |
| --- |
| **Notes:**  (1) Indicate the reason for the suspension: pregnancy, mission abroad, leave of absence, temporary change of work activity, decision of the Competent Doctor or Authorized Doctor.  (2) State the qualification of the radio-exposed personnel: lecturer, technical-administrative staff, student, research grant holder, trainee, intern, graduate student, doctoral student, guest (specifying the Body/Company to which they belong).  (3) Indicate the classification of the personnel: exposed Category A worker, exposed Category B worker |