



FORM S-A

**COMMUNICATION OF SUSPENSION FROM WORK OF PERSONNEL EX-
POSED 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 activity (3)	Date of termination of workers (4)
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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