
User registration, RIBF, RIKEN Nishina Center for Accelerator-Based Science

Affidavit

To: Hideto En'yo

Director

RIKEN Nishina Center for Accelerator-Based Science

I hereby promise to observe the following items in order to be registered as a user of the RIBF facility at the RIKEN Nishina Center for Accelerator-Based Science.

1. I will obtain consent from my home institute to register as an external user of RIBF.
2. I will be responsible for keeping the entry permit issued by RIKEN, and will not lend or transfer the entry permit to a third party.
3. I will obtain private workers' accident insurance if I am not currently covered by such a policy, and, if I will be making use of the accelerator, participate in the radiation dose measurement program of the organization to which I belong.
4. I will not divulge any confidential or personal information obtained during my research at RIKEN to any third party during my term, and after the expiration of my term, as an RIBF facility user.
5. I will not take out of RIKEN any documents, diagrams, electronic data, research material,

written documents, or any other items belonging to RIKEN without obtaining prior permission.

6. I will obey all rules, regulations, procedures and the like stipulated by RIKEN, observe safety measures, and will maintain a cordial relationship with RIKEN and its researchers, and:
 - (1) I will observe all safety regulations and cooperate by participating in disaster-prevention measures.
 - (2) I will observe all regulations related to health maintenance and will cooperate by observing instructions given by the health supervisor.
 - (3) I will observe all regulations, policies and the like related to information management and cooperate with all measures required by RIKEN for information security and prevention of information leakage.
 - (4) I will observe all regulations related to the protection of personal information and cooperate with RIKEN when measures are taken to protect personal information.
 - (5) When bringing in materials, chemicals and the like, I will observe procedures stipulated by RIKEN and manage the items appropriately. I will take all such materials, chemicals and the like back to the organization to which I am affiliated. I will not bring into RIKEN any materials requiring a license or registration by a government authority.
7. As an external researcher I will not conduct any research or experiments involving humans, animals or genetically altered organisms.
8. I will obey the orders of the personnel in charge of facility and safety management when using RIBF and any related facilities, equipment and material. I will return all items to their original place after use.
9. In journal articles and other material that I publish, I will make citations indicating that the

research was conducted using RIBF at RIKEN.

10. I will respond appropriately to the measures implemented by the Nishina Center for Accelerator-Based Science to prevent research misconduct. I will also comply with requests to correct any such misconduct.

11. I will pay for the cost of operation and the like of the accelerator for private use in accordance with the regulations as stipulated by RIKEN. I will pay the handling fee when making a remittance.

12. I will obey orders from RIKEN to stop using the RIBF facility if I disobey any of the items in this Affidavit, if any false statement(s) is/are found in documents I submitted to RIKEN, or if RIKEN determines that my use of the facility is harmful to the operation of the Nishina Center for Accelerator-Based Science.

13. In the event of an accident or disaster, I will act responsibly by taking all necessary measures, including properly following emergency contact procedures as stipulated by RIKEN.

14. In the event that I could not conduct an experiment due to the failure and the like of the facility's equipment, I will not make a claim for damages against RIKEN.

15. In the event that I suffer any bodily injury or I cause injury to a third party while on RIKEN property, I will not make a claim for damages against RIKEN, unless RIKEN is responsible for the injury.

16. If due to an intentional act or my gross negligence I am responsible for damage to RIKEN, to

jointly-managed research facilities, or to a third party, I will be responsible to pay for all or part of the damage.

17. I agree that any conflicts or disputes relating to this Affidavit shall be resolved through mutual discussions and that legal resolution shall be according to Japanese law in a court having jurisdiction over the RIKEN campus in Wako.

Date: _____
Month / Day / Year

Affiliation:

Name: _____ (signature)

To; Safety Center, RIKEN
2-1, Hirose, Wako, Saitama, 351-0198
JAPAN

from: (company/institution)

Technische Universität München
Z62 Sicherheit und Strahlenschutz
James-Franck-Str 1
D-86748 Garching , Germany

This is to certify that following person is a registered worker in
radiation-controlled areas at our company/institution.

He/She is allowed to work in radiation-controlled areas at
RIKEN (The institute of Physical and Chemical Research) in JAPAN.

Name: _____
(last first middle)

Date of birth: _____
(year/month/day)

Term of validity of this certification:

From _____ to _____
(year/month/day) (year/month/day)

I certify that above statement is correct.

Signature : _____

Name: _____

Title: Safety Division representative

Date: _____

RIKEN Nishina Center for Accelerator-Based Science Registration Form for RIBF Independent User

To the Director of RIKEN Nishina Center for Accelerator-Based Science:

Date: _____

Personal Information

Name	LAST (Capital)	First	Middle
(Chinese Letter)			
Japanese Letter			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Month / Date / Year
Nationality	German		

Information on Your Home Institute

Please list all the institute that you currently have any position. **Please turn over.

Name of Institute	Abbr.	
Department / Section		
Position / Job Title		
Address:		
Email:	Phone:	Ext.
Emergency Contact Person at Your Home Institute		
Name:	Job Title:	
Email:	Phone:	

Purpose of Registration (Please check one of these)

<input checked="" type="checkbox"/> Research Approved by PAC	Contacting spokesperson to work for this experiment is your responsibility.
Experiment Program Number:	
Spokesperson's Name:	
<input type="checkbox"/> Collaborative Research with the Partner Institution	
Partner Institution:	<input type="checkbox"/> CNS <input type="checkbox"/> KEK <input type="checkbox"/> Niigata Univ.
Research Theme:	
Contact Person of the Partner Institution:	
<input type="checkbox"/> Research Approved by the Director of Nishina Center	
Development Research Theme:	

RIBF Users Office Use Only

☐ Affidavit

☐ Photo

☐ Radiation

Registration Date: _____
Month / Date / Year

RIBF User Card No. _____

Director	User Liaison and Industrial Cooperation Gr.					
	G.Director	TL		RIBF Users Office		
		Security Export Control & Others	Affidavit Original	Security Export Control	Affidavit PDF	Category Form

**** Please fill out the following columns or attach a separate sheet to list all the institute that you currently have any position.**

Name of Institute	
Country	

Name of Institute	
Country	

Name of Institute	
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Country	