

REGISTRATION FORMS FOR PERSONNELS OF CONTRACTORS

The company's on-site representative shall correctly and legibly complete this form for any newcomer
To be present before working to : Service Enregistrement du Cern – Meyrin's site

CERN ID * Gender : Female Male
 NAME City / Country of birth
 First name
 Date of birth (DD/MM/YY) Civic status : Married Single
 Nationality Divorced Partner
 Employed as Separated Widow
 Email address

Contract or Order number : Starting date :
 CERN technical coordinator : Supplier code :

Date of arrival (DD/MM/YY) : Tel. :
 Intended departure date (DD/MM/YY) : Tel. :
 Private address
 Local address
 Person to be notified
 In case of emergency Name : Tel. :

Passport or Number : Country :
National identity card Valid until :

Internal address at Cern Blg./Floor/Door : Internal tel. : Mobile :
 Place of work Swiss site % French site %
 Contractor's information CORPORATE NAME :
 Address
 Country Tel. :
 Employing firm for CORPORATE NAME :
sub-contracting or Address Tel. :
temporary work Country

- If the employee must work in the presence of ionizing radiations in controlled Zone of CERN, supplement what follows:**
- Were he already recorded like a person exposed to the ionizing radiations in the exercise of its profession? YES NO **
 if YES, Firm / Institute : since when ?
 - Does he used to work in the presence of ionizing radiations during the last 12 months ? YES NO **
 if YES, join information on the amounts received for the period.
 - Does he have a medical certificate, notebook of control or equivalent certifying its aptitude to work in controlled Zone ? YES NO **
 If YES, join a copy.

REGISTRATION SERVICE'S SEAL	APPROVALS FOR CONTROLLED ZONES	
	Medical Service	
	Radioprotection	
	Film badge n° :	Emitted on :

DATE	CONTRACTOR'S SEAL
EMPLOYEE'S SIGNATURE	DATE
* supplement by CERN ** underline the useful mention	RESPONSIBLE OFFICER'S SIGNATURE