

Confirmation of Safety and Health Education and Training

Date of education & training (year/month/day): _____

[Person in charge of this education and training must answer the following questions.]

- (1) Did you explain the "iCeMS Safety and Health Guidelines" to the member?
(Yes No)
- (2) When you instruct the member to use hazardous chemicals (including organic solvents, specified chemical substances, hazardous substances and poisonous/deleterious substances), did you explain the details to the member?
(Yes No N/A)
- (3) When you instruct the member to use pipe line gases, high pressure gases, liquid nitrogen, and special material gases, did you explain the details to the member?
(Yes No N/A)
- (4) When you instruct the member to use electromagnetic waves (including X ray, radiation and laser), did you explain the details to the member?
(Yes No N/A)
- (5) Did you explain the actions in the case of an emergency including fire and accident?
(Yes No)

I have provided the education and training as above stated.

Affiliation: _____ Name: _____
Signature: _____

[Member who received this education and training must answer the following questions.]

- (1) Did you receive an explanation about the "iCeMS Safety and Health Guidelines" by the person in charge of safety education and training?
(Yes No)
- (2) In the case of using hazardous chemicals (including organic solvents, specified chemical substances, hazardous substances and poisonous/deleterious substances), did you receive an instruction about the above substances?
(Yes No N/A)
- (3) In the case of using pipe line gases, high pressure gases, liquid nitrogen, and special material gases, did you receive an instruction about the above substances?
(Yes No N/A)
- (4) In the case of using electromagnetic waves (including X ray, radiation and laser), did you receive an instruction about the above substances?
(Yes No N/A)
- (5) Did you receive an explanation about the actions in emergency including fire and accident?
(Yes No)
- (6) Do you comply with the "iCeMS Safety and Health Guidelines"?
(Yes No)

I have received the education and training as above stated.

Affiliation: _____ Name: _____
Signature: _____

[Decision of the Director]

I confirmed that the person in charge of safety education and training fully explained the safety and health control and the participant in safety and health education and training understood it.

Kyoto University Institute for Advanced Study
Director-General: Shigefumi MORI ㊟

Date (year/month/day): _____