#### Name and address of the institution (stamp)

Universität Hamburg Stabsstelle Arbeitssicherheit und Umweltschutz Mittelweg 177 20148 Hamburg

Florian Steinke

E-Mail: florian.steinke@uni-hamburg.de

Telefon: 040 42838 6801

# Appointment as radiation safety officer in accordance with § 70 StrSchG

	1.	Details of the	person resp	onsible for	radiation safety	, p.p. rad	iation safety	authorized re	presentati
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Name (company, institute,)
Florian Steinke - Stabsstelle Arbeitssicherheit und Umweltschutz
Address (street, house number, postcode, city)
Mittelweg 177, 20148 Hamburg
Telephone number
040 42838 6801

### 2. Appointment

#### I hereby appoint Mr./Ms.

First name and surname	
Date of birth	Place of birth
Nationality	

## as radiation safety officer as of the following date

## 3. The appointment is made within the framework of

the application/approval acc. § 12 Abs. 1 Nr. 3
StrlSchG the last notice of
Cruise number: Chief scientist:
Cruise track:
Isotopes and quantity:

4.	Internal	decision	scope

•	All obligations specified in §§ 70, 71 and	I 72 StrSchG such as § 43 StrSchV
	(When appointing several radiation safety off	ficers with details of the substitution regulation)
	Substitute:	
	Take note of the respective approval and the	addenda to the approval such as "Radiation safety
	instructions of the University of Hamburg for	research vessels SONNE, MERIAN, METEOR".
	In case of deviating regulation	
	(If necessary, specify the rooms, equipment which the appointment is responsible for. W with details of the substitution regulation)	t, operating parts and areas of responsibility for hen appointing several radiation safety officers,
5.	Proof of specialist knowledge in radiation	on safety
	<u> </u>	
	acc. § 47 StrSchV is attached as an annex	Χ.
	acc. § 47 StrSchV is attached as an annex Application for the issuance of a certificate	
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6.	•	
6.	Application for the issuance of a certificate	
6.	Application for the issuance of a certificate  Other proofs	
6.	Application for the issuance of a certificate  Other proofs  License to practice medicine (only medicine)	
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	Application for the issuance of a certificate  Other proofs  License to practice medicine (only medicine)	
	Application for the issuance of a certificate  Other proofs  License to practice medicine (only medicine)  Police clearance certificate	Signature of the radiation safety authorized representative,
	Application for the issuance of a certificate  Other proofs  License to practice medicine (only medicine)  Police clearance certificate	Signature of the radiation safety authorized representative,