

Head,
ICRR Environment, Health and Safety Office
Institute for Cosmic Ray Research
The University of Tokyo

Subject:
Health and Safety Education for the FY2022 ICRR Inter-University Research Program

Dear The Principal Investigator,

As stated in the Application Guideline of the FY2022 ICRR Inter-University Research Program, we will provide the following safety and health education to those who are using ICRR and ICRR-affiliated facilities and equipment.

We would like to ask for your cooperation in completing the prescribed health and safety education for the participating researchers and research assistants.

Collaborators using the Kamioka Observatory or KAGRA Observatory must follow each safety and health education instructed by the person who has jurisdiction over the procedures.

1. Health and Safety Education Procedures for each site

- Research program using any ICRR facilities and equipment other than the Kamioka Observatory or KAGRA Observatory
 - 1) Please have collaborators read the “Safety Manual” and collect the signed “Pledge” forms. (Refer to 2. below)
 - 2) Please send all collected "Pledge" forms with your signature together as attached files in the e-mail address to the recipient indicated in 3. below by the deadline.

Note: A collaborator in multiple projects needs to submit only one Pledge form.
A collaborator who will not be coming to ICRR or ICRR-affiliated facilities are exempt from these requirements.

- Research program using Kamioka Observatory
 - 1) Please have collaborators read the “Safety Manual” (Refer to 2. below). However, Pledge submission is not required.

- 2) Please make collaborators complete the health and safety education requirements for the Kamioka Observatory, following instructions of the site's health and safety supervisor: *anzenka@km.icrr.u-tokyo.ac.jp*

Note: A collaborator who will not be coming to ICRR or ICRR-affiliated facilities are exempt from these requirements.

➤ Research program using KAGRA Observatory

- 1) Please have collaborators read the “Safety Manual” and collect the signed “Pledge” forms. (Refer to 2. below)
- 2) Please send all collected "Pledge" forms with your signature together as attached files in the e-mail address to the recipient indicated in 3. below by the deadline.
- 3) Please make collaborators follow the instructions of the site's health and safety supervisor at KAGRA Observatory : *office-icrrgw@icrr.u-tokyo.ac.jp*

Note: A collaborator in multiple projects needs to submit only one Pledge form.
A collaborator who will not be coming to ICRR or ICRR-affiliated facilities are exempt from these requirements.

2. Kashiwa campus “Safety Manual” and “Pledge”

Safety Manual

https://www.icrr.u-tokyo.ac.jp/prwps/wp-content/uploads/1-2_safety_manual_e.pdf

Pledge

https://www.icrr.u-tokyo.ac.jp/prwps/wp-content/uploads/1-5_Pledge-.pdf

Even if you have read the Safety Manual in the previous year, please be sure to read it before submitting the Pledge.

3. Submission Deadline: **August 31, 2022**

Facilities	Safety Manual	Pledge	Sending email address
Kashiwa, Norikura, Akeno, Canarias, Utah, Bolivia, Tibet...	2. Kashiwa campus “Safety Manual”	2. ICRR “Pledge”	kyodo-riyo@icrr.u-tokyo.ac.jp
Kamioka Observatory	2. Kashiwa campus “Safety Manual”	*	anzenka@km.icrr.u-tokyo.ac.jp
	Additional procedures for Kamioka	*	
KAGRA Observatory	2. Kashiwa campus “Safety Manual”	2. ICRR “Pledge”	kyodo-riyo@icrr.u-tokyo.ac.jp
	<ul style="list-style-type: none"> • KAGRA safety training • KAGRA safety regulation • Mine entry application 	*	office-icrrgw@icrr.u-tokyo.ac.jp

* Please contact the person in charge at each facility for inquiries regarding each procedure and documents to be submitted.

Pledge

To Head, ICRR Environment, Health and Safety Office:

I had read through the “Safety Manual.”

I pledge to carry out my research in keeping with the safety principles in the “Safety Manual.”

Name (in handwriting): _____

Affiliation : _____

Position/Grade (*) : _____

Date (MM/DD/YYYY) : _____

Principal Investigator:

Name (in handwriting): _____

Affiliation : _____

Position : _____

Date (MM/DD/YYYY) : _____

(*) If you are a student, please indicate what year of graduate school/university/college, etc. you are in.