Schedule 4

Regulation 11

FORMS

ATOMIC ENERGY ACT, CAP. 154

FORM 1

Notification of a Practice Involving Non-Ionising Radiation

1. GENERAL INFORMATION

Name of authorised person *(full registered name)*:

_____

Physical and Postal Address:_____

_____

_____

Email:_____Telephone No:_____

Name of legal person:

_____

Email:_____Telephone No:_____

Name of Radiation Safety Officer:

_____

Email:_____Telephone No:_____

Name of Responsible Officer or Representative:

_____

2. GENERAL NOTIFICATION OF NON-IONISATION PRACTICES

Equipment Name	Application / Use/Purpose	Site Name	Operation Frequency	Input power	Output Power

3. TELECOMMUNICATION AND BROADCAST EQUIPMENT

a. Communication Tower /Base Station/Radio Transmitter Information

District	Site ID	Site Name	Latitude	Longitude	Tower Height (m)	No. of Transmitters

b. Site Information

Site ID	No. of Antennae on Mast	Mounting Height ofeach Antenna	Effective Power foreach Antenna	Gain of each Antenna	Output Power of Transmitter	Operating Frequency (MHz)

c. Antenna information

Antennae Type	Number of Elements	Element Spacing	Vertical Effective Radiated Power (ERP)	Horizontal Effective Radiated Power (ERP)	Azimuth Angle

d. Installation data

Site ID	Freq Band	Ant. Dia (m)	Band (A)	Ant. Height (A)m	Az[A] Deg	Band [B]	Ant. Height [B]m	Az [B] deg	Band Width

e. Commissioning and configuration data

Site ID	MOD	T/R Spacing (MHz)	Transmission Frequency [A, B, etc.] MHz	Receiving Frequency [A, B, etc.] MHz	Transmitting Power (dBm)	Receiving Power (dBm)

4. MEDICAL AND INDUSTRIAL EQUIPMENT

Equipment name	Purpose	Manufacturer/ country of origin	Model	Serial No.	Electromagnetic field operating parameters

6. HIGH VOLTAGE POWER TRANSMISSION LINES

Project/Line name	Line route	Line voltage	Line length

7. CONSUMER ELECTRONIC DEVICES

Device name	Purpose	Manufacturer/ country of origin	Model	Batch number	Quantity	Specific Absorption Rate (SAR)

I certify that all the information given herein is true and correct to the best of my knowledge.

Name of legal person: _____

_____Title:

Official Stamp

FOR OFFICE USE ONLY

Application No: ……/20…….

…… ……

Name of officer receiving application *Signature*

……

Date