Schedule 6

FORMS

Regulation 6 (2)

FORM 1

Notification of a Practice Involving the Construction and Operation of a Radioactive Waste Management Facility

1. Name and address of applicant *(Attach certificate of Registration where applicable)*:

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……..

Title:……. Telephone: …….……

E-mail: ……..…….....

2. Location of facility:

……..

Name of Unit/department:

……..

Sub-location/Town:

……..

District:

……..

Region:

……..

Building ……..…….. Room No. ……

3. List names and qualification of individual users/authorised persons:

Name	Title	Qualification

(Attach relevant certificates)

4. If the practice involves the storage of radioactive waste:

Give details of radioactive waste that you intend to store in the facility and attach the original owner of the radioactive waste in question and the source certificate where applicable.

#	Radiation Sources	Activity	Activity date	Model	Serial Number	Waste Form e.g. solid, liquid or gas	Manufacturer/ Supplier	Previous use	Place/location currently stored	General remarks

5. Purpose of use:

Describe the purpose for which the storage facility will be used:

……..

……..

6. Impact of the proposed practice

Describe the expected impact of the storage facility on public and private interest and possible mitigation measures *(Attach Environmental Impact Statement, where applicable).*

……..

……..

7. Declaration: I, …… *(name)* certify that all the information given herein is true and correct to the best of my knowledge.

Date: …… Signature of Applicant: ……

FOR OFFICIAL USE ONLY			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/ or Comments:			