



SCHEDULE 1
FORM 2A

APPLICATION FOR AUTHORIZATION TO POSSESS AND USE A SOURCE(S) FOR INDUSTRIAL APPLICATION

Type of Authorization:

Please tick

New application

Renewal of authorization number:.....

GENERAL INFORMATION

1. Name and Address of Applicant:

Main address	Mailing address (if different)	Address of use (if different)

2. Radiation Safety Officer (RSO)

(a.) Name and address of Radiation Safety Officer

(b.) Telephone Number..... Email address.....

(c.) Qualification.....

(d.) Experience.....

3. Name and Information about Qualified Experts

Name	Expertise	Qualification	E-mail and Phone Contact

4. Other Classified Workers that will be Responsible for the Equipment

Name	Title	Qualification	E-mail & Phone Contact

5. Proposed date of Installation and/ or Commissioning of Facilities and Equipment:

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PART I : WELL LOGGING, PORTABLE GAUGES, DETECTION AND ANALYTICAL DEVICES

6. Purpose of the device or radioactive material will be used (e.g well logging, portable gauges, detection and analytical devices, fixed or installed gauging detection and other similar devices..etc)

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7. Describe details of the Radiation Devices and Radioactive Materials to be used for:

a) Equipment with sealed sources incorporated

Description	Radio nuclide	Max. activity	No. of Equipment
Manufacturer: Radiation type (alpha,beta,gamma,neutron):..... Model No. Device:.....Source:..... Serial No. Device:.....Source:.....			
Manufacturer: Radiation type (alpha,beta,gamma,neutron):..... Model No. Device:.....Source:..... Serial No. Device:.....Source:.....			

b) Neutron generators- accelerator

Manufacturer	Model No.	Serial No.	Neutron Energy	Target nuclide

8. Details of Equipment

a) Sealed source radiographic devices

Manufacturer	Model No.	Source model No.	Radionuclide e.g ¹⁹² Ir	Source supplier	Maximum activity	No. of devices

b) X-ray generators

Manufacturer	Model No.	Serial No.	Maximum Voltage(MeV)	Maximum current (mA)

c) Accelerator

Manufacturer	Model No.	Serial No.	Type of radiation	Max. Energy (MeV)	Max. Current (mA)

PART III – AN IRRADIATOR FACILITY

9. Type Sources and Irradiator

Electron

Gamma

10. If it is a Gamma Facility above;

a) Give the following details of the irradiator facility

Manufacturer of irradiator	Model No. of irradiator	Supplier of Irradiator

(b) Details of Radioactive Source

Radionuclide	Number of Sources				Total activity (Bq) at installation	Source Details		Storage (wet/dry)
	Per pencil	Per module	Per rack	Total		Model No(s)	Description	

11. For Accelerator

Name and address of manufacturer	Model Number	Type of radiation	Maximum energy (MeV)	Accelerating Voltage	Maximum current (mA)

PART IV – FACILITIES AND EQUIPMENT

12. Location of Equipment/Sources

Provide the details of the location of equipment/sources

(i.) Name of unit/department Building No..... room No.....
Floor..... (if applicable)
(ii) Plot No. Town/Street/ward..... District.....

13. Layout of the Installation

Describe factors such as the layout of the facility and its safety systems including

(1.) Building materials, (11.) Alarm, (111.) Shielding, (iv) Engineering controls (e.g. interlocks, warning safety devices, emergency stop button, prevention of unauthorised personnel entering area, means of escape or communication from within enclosure etc.)

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14. Standards:

Indicate to which IEC and ISO standards does the equipment and sources used for radiation exposure conform;

Equipment:

Are prototype test certificates available?

- Yes (if yes attach original copies)
 No;

Sources:

Are source certificates available?

- Yes (if yes attach original copies)
 No;

15. Services and Maintenance

Identify who will be authorised to perform the service and maintenance of the equipment :

Name:..... Authorization reference No:.....
Organisation:..... Address:.....
Telephone number:..... e-mail

16. Safety Assessments:

(i) Taking into account of shielding, provide calculation of maximum dose rates in all adjacent areas outside the installation:

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(ii) Provide estimates of the magnitude of the expected doses to persons during normal operations;

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(iii) Identify the probability and magnitude of potential exposures arising from accidents or incidents:

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(Attach a layout drawing of the installation showing adjacent surroundings with controlled and supervised areas clearly identified).

17. Safety System

(i) Describe the over roll safety system which will be used to ensure the safe operation of the irradiator (e.g.) design features, defence in depth, layout). Further describe in detail the safety systems for preventing access to the irradiation room whilst the source is exposed and for the warning of unsafe conditions (e.g. interlocks, installed monitors).

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(ii) Attach the manufacturer’s specifications of that system.

18. Personal Protective Equipment

Name any Personal Protective Equipment (PPE) that will be provided

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PART V- RADIATION PROTECTION AND SAFETY PROGRAMME

19. Organisational Structure

Describe your organisational and management control system, including assignment of responsibilities and clear lines of authority related to radiation safety.

(i) Staffing levels

(ii) Equipment selection.....

(iii) Other assignments of the radiation protection officer,

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(iv) Authority of the radiation protection officer to stop unsafe operations,

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(v) Personal training,

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(vi) Maintenance of records,

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(vii) How problems affecting safety are identified to stop unsafe operations,

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20. Security and Safety of Radiation Sources.

Describe measures to be undertaken to ensure the security and safety of radiation sources during:
Use

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Transport

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Storage

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21. Radioactive Waste Management:

How will the generated radioactive waste be managed?

(a) Source(s) returned to the supplier

Yes

No;

if yes attach a copy of the agreement; if no How will it be managed in the country?

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22. Emergency procedures:

Is an emergency plan available?

Yes (; if yes, attach the summary of the plan and related information e.g. organisation, implementation etc.)

No

23. Occupational and Public Exposures Control:

Describe your program for monitoring your work place (e.g. dose rate measurements, leak tests for gamma facility),

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PART VI – DECLARATION

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

Date:.....Signature of applicant (Licensee/legal person).....

For Official Use Only			
Licence No:			
	By	Date	signature
Received:			
Evaluated:			
General Remarks and/ or Comments:			