FORM 3

Regulations 18 (2) & 20 (4)

Application Form for Certificate of Compliance for a Non-Ionising Radiation Equipment/Installation Non-Medical

TYPE OF AUTHORISATION *(please tick)*

☐ New application

☐ Renewal of authorisation number: _____

☐ File No. _____

GENERAL INFORMATION

5. Name and address of applicant:

Name of Applicant	**Mailing address**	**Address of use (if different)**
E-mail of applicant		
Phone contact (Including Mobile No.)		

6. Name and information about qualified experts:

A. Expertise: Radiation Safety Officer

Name:_____

Qualification:_____

Experience:_____

Telephone No:_____

Email: _____

7. The representative of the applicant:

Name:_____

Telephone:_____

Title:_____

E-mail address:_____

8. Date of installation (or date installed) and/or commissioning of facilities and equipment; _____

_____

PART I—RADIATION EMITTING DEVICE

14. Details of radiation emitting device

No.	Name of Equipment/ Installation	Model No.	Serial No.	Number of Antennae/ Satellite dishes	Output Power of Transmitter	Frequency (MHz)

15. Device Standards

a) Is each device manufactured, prototype tested and subject to quality control provisions of an international standard setting organization (e.g. IEC, ISO)? *Tick where appropriate*

Yes ☐

No ☐

b) If the answer above is yes, identify the standards and any applicable classification numbers.

_____

_____

16. Is the type of installation fixed or mobile? _____

a) Identify who is (or will be) authorized to perform the service and maintenance of the device (organisation and address)

_____

_____

17. Location of the device

Provide the details of a location in which the device will be used/ installed

i) Name of unit/_____ Village _____

ii) Parish:_____ Subcounty_____

iii) County _____ District_____

iv) Plot No. _____ Town/street/ward_____

v) GPS coordinates _____

18. RADIATION PROTECTION AND SAFETY PROGRAM

1.1 Provide a brief description of your arrangements on each of the following requirements (attach document where applicable)

(i) Policies and procedures on public and occupational radiation protection

_____

_____

_____

_____

i. Environment and social impact assessment related to radiation

_____

_____

_____

_____

ii. Site design showing location of source and surrounding occupancies

_____

_____

_____

_____

iii. Staffing levels at the site of the source and their qualifications

_____

_____

_____

_____

iv. Control and supervision of operations involving emission of non-ionising radiation

v. Exposure levels assessment (occupational)

vi. Radiation protection and safety training program

vii. Equipment maintenance and servicing

viii. Work place rules and procedures

_____

_____

ix. Access control and management

_____

_____

_____

_____

x. Site security

_____

_____

_____

_____

xi. Radiation emergency preparedness and response

_____

_____

_____

_____

PART VI—DECLARATION

I..... (name of legal person) 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

Registration No.			
	BY	**Date**	**Signature**
Received			
Evaluated			
General Remarks and/or comments			