FORM 3

Regulation 6 (2) &10 (1)

Application For Authorisation Related to Naturally Occurring Radioactive Material Sites

TYPE OF AUTHORISATION

Please tick as appropriate ☑

☐ New application
☐ Renewal of authorisation number: _____

GENERAL INFORMATION

1. Name of applicant (facility): _____

Physical address	Postal Address	Email Address

2. Tick the practice which is applicable

Activity	**Check**
Mineral extraction and processing	☐
Mining and processing Uranium ores	☐
Mining of ores other than uranium ore	☐
Production of: Bauxite/Aluminium, Copper, Lead, Tin/Tantalum, Zinc, and Iron and Steel	☐
Phosphate industry	☐
Extraction of rare earths elements and mineral sands	☐
Production and use of **Thorium** and its compounds	☐
Production of Niobium and Ferro-niobium	☐
Downstream processing of mineral sands	☐
Titanium Dioxide pigment production	☐
Zircon and Zirconia production	☐

Oil and gas production	☐
Metal recycling	☐
Coal extraction, forest products, combustion of coal and thermal-electric production	☐
Water treatment facilities	☐
Underground workings and tunnelling	☐
Building industry	☐
Geothermal Energy Generation	☐
Others (indicate)	☐

3. Details of legal person (Head of Institution)

Name: .....

Designation: .....

Tel: .....

Email: .....

4. Names and information about qualified experts

Expert 1: Radiation Safety Officer	Expert 2:
Name:	Name:
Qualification	Qualification:
Experience:	Experience:
Tel:	Tel:
Email:	Email:

5. Management System

Describe the organisational structure, management control systems and assignment of responsibilities related to radiation safety *(Attach details)*.

6. Verification for safety

(1) Describe the facility design, dimensions, and location of restricted areas.

(2) Describe the ventilation system to decontaminate if an enclosed area.

(3) Describe any equipment including containment system, spray system, retention tanks, storage facilities proposed for use during the decontamination process.

(4) In a separate attachment, please provide written verification that the proposed permanent facility complies with any local zoning ordinances or restrictions that are applicable.

(5) Provide a drawing and description of the waste-holding area.

(6) Provide instructions for the posting and security.
(Attach safety assessment report, layout or design of the facility, instructions for posting and security for areas where NORM contaminated materials will be used or stored including temporary jobsites, written verification that the proposed permanent facility complies with any local zoning ordinances or restrictions that are applicable if applicable).

7. Radiation protection requirements

Describe the steps taken to ensure that the magnitude of individual doses, the number of people exposed, and the likelihood that exposure will happen, are as low as reasonably achievable, having regard to economic and social factors.

_____

_____

8. Occupational exposure protection

(1) Describe assignment of responsibilities of individuals and clear lines of authority related to radiation protection and safety.

_____

_____

_____

(2) Describe the procedures that limit the storage of radioactive materials to areas or rooms designated as locations for use and storage. Append information regarding the posting of radiation warning signs for these locations.

_____

_____

(3) Describe the procedures for restricting access to only authorised workers to areas where high risk of exposure exists or radioactive materials and radiation sources are kept.

_____

_____

(4) Outline the process for alerting the relevant person within your organisation to the loss, theft or unauthorised use of radioactive materials or radiation sources.

_____

_____

(5) Describe work place rules and procedures for the specific operations to be followed at work involving NORM.

_____

_____

(Attach a copy of work place rules and procedures)

(6) Describe the procedures for monitoring radiation levels in work area.

_____

_____

(7) Describe the procedures for ascertaining and recording radiation doses received by all workers.

_____

_____

_____

(8) Detail the type of dosimeters provided to workers e.g. TLD, OSLD, electronic Dosimeter

_____

_____

(9) State the Details of service provider in (h)

Name: _____

Address: _____

Tel: _____

Email: _____

(10) Describe radiation health surveillance services provided to radiation workers at the facility.

(11) Public exposure protection

Describe your programme for optimising public exposure as low as reasonably achievable.

_____

_____

(12) Waste Management

Describe the procedures for handling and disposing of waste containing radioactive materials.

_____

_____

(13) Emergency procedures

Describe the procedures that will be used in incidents, accidents and other events that involve radioactive materials and radiation sources.

_____

_____

(Attach an emergency plan)

(14) Describe the procedures for packaging and transporting radioactive materials and radiation sources.

_____

_____

(15) Describe the procedures for Decommissioning of the facility

(Attach a decommissioning plan)

DECLARATION

I _____ *(name of authorised 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

License No:

	By	Date	Signature
Received:			
Evaluated:			
General Remarks or Comments:			