

SCHEDULE 1

Regulation 15(6)

ATOMIC ENERGY COUNCIL,  
P.O. Box 7044,  
Kampala.



ATOMIC ENERGY  
FORM 3 (AEF 3)

THE REPUBLIC OF UGANDA

THE ATOMIC ENERGY ACT No. 24 of 2008

FORM 3

APPLICATION FOR AUTHORISATION TO USE RADIATION PREMISES

1. Name of owner \_\_\_\_\_ Tel. No. \_\_\_\_\_
2. Location of facility:  
Name of unit/dept \_\_\_\_\_  
Place: Plot No. \_\_\_\_\_  
Area/Town \_\_\_\_\_ Street \_\_\_\_\_  
District \_\_\_\_\_ Name of building \_\_\_\_\_
3. Name of person responsible for radiation safety \_\_\_\_\_
4. Is this a new/renewal application? \_\_\_\_\_
5. Type of facility: medical/industrial/school/research/other; (*specify*) \_\_\_\_\_
6. Classification of facility \_\_\_\_\_
7. Type of installation: enclosed installation/open installation.
  - (a) Enclosed installation. With aid diagram of plan to be attached, describe the appropriate facility or room with specific reference to—
    - (i) onstruction material \_\_\_\_\_
    - (ii) interlocks \_\_\_\_\_
    - (iii) warning signals installed \_\_\_\_\_
    - (iv) equipment layout \_\_\_\_\_
    - (v) radiation shields \_\_\_\_\_
    - (vi) fume holds \_\_\_\_\_

- (vii) remote handling equipment \_\_\_\_\_
- (viii) any other protection measures and devices.  
NOTE-Indicate in diagram or plan the directions in which exposure is possible.

(b) Open installation.

- (i) State why enclosed installation is not likely to be practical  
\_\_\_\_\_  
\_\_\_\_\_
- (ii) Indicate the distance from radiation source within which unauthorised persons are not allowed to enter \_\_\_\_\_  
\_\_\_\_\_
- (iii) Indicate positive measures taken to maintain this degree isolation \_\_\_\_\_  
\_\_\_\_\_
- (iv) How will you ensure that radiation workers involved will be adequately protected \_\_\_\_\_  
\_\_\_\_\_

8. Enclose architectural drawings of the premises.

**DECLARATION**

I, \_\_\_\_\_ (name) Certify that all the information given herein is true and correct to the best of my knowledge

Date: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

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Licence No:			
	By	Date	Signature
Received:			
Evaluated:			
General Remarks and/or Comments:			