FORM 4

Regulation 15 (1)

Application for Registration for use of Naturally Occurring Radioactive Material Residue

GENERAL INFORMATION

1. Name of applicant (facility): _____

Physical address	Postal Address	Email Address

2. (a) Name and address of Radiation Safety Officer

_____

(b) Telephone Number: _____ E-mail address: _____

(c) Qualification: _____

(d) Experience: _____

3. The representative of the applicant:

Name: _____ Telephone number: _____

Title: _____ e-mail address: _____

4. Type of facility for which the NORM activity is involved (i.e. Practice: offshore oil and gas, and rare earth element mining and processing facilities etc.)

_____

5. Other classified workers that will be responsible for the facility

Name	Title	Qualification	Experience	Reg. No	Tel No.	Email

6. Indicate the stage of the facility under which stage if the NORM facility (e.g., baseline, pre-operational, operational, decommissioning, etc.)

_____

_____

7. Safety assessments:

(a) identifying the ways in which naturally occurring radioactive material exposures could be incurred and accounting for the effects of external events;

_____

_____

(b) determining the expected magnitudes and likelihood of naturally occurring radioactive material exposures in normal operation and to the extent reasonable and practicable, making an assessment of potential exposures;

_____

_____

(c) assessing the adequacy of the provisions for safety; and

_____

_____

(d) systematic critical review of—

(i) the operational limits and conditions for the operation of a facility;

(ii) the ways in which structures, systems and components, including software, and procedures relating to safety might fail, singly or in combination, or might otherwise give rise to exposures, and the consequences of such events;

_____

_____

(iii) the ways in which external factors could affect safety;

_____

_____

(iv) the ways in which operating procedures relating to safety might be erroneous, and the consequences of such errors;

_____

_____

(v) the implications for safety on any modifications;

_____

_____

(vi) the implications of security measures or their modifications on safety; and

_____

_____

(vii) any uncertainties or assumptions and their implications for safety.

_____

_____

(Attach a safety assessment report and supporting documentation)

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