FORM 5

Regulation 7 (2) and 61(1)

Application for Permit to Decommission a Radioactive Waste Management Facility

1. Name and address of applicant (Facility)

Main address	Mailing address	Telephone number

2. Details of the radioactive waste management officer
   Name: _____
   Qualifications: _____
   Experience: _____
   Telephone number: _____
   Email: _____

3. Details of the legal person
   Name: _____
   Title: _____
   Telephone number: _____
   Email: _____

4. Location of facility:
   Name of unit/department:
   _____
   Plot No.: _____
   Area/Town: _____
   Street: _____
   District: _____
   Name of building: _____

5. Names of the radiation workers at the facility

Name	Designation	Qualifications	Contacts

6. Type of radioactive waste stored at the facility: medical/ industrial/research/other *(specify)*.

_____

_____

7. Classification of facility (Category I, II, III, IV, V)

_____

_____

8. If facility has radioactive material:

Give details of radioactive materials

Name of source	*Element mass No.*	*Chemical or physical state*	*No. of sources*	*Current Activity (Curies/Bq)*	*Volume*	*Name of manufacturer*	*Model number*

11. Type of installation: enclosed installation/ open installation:

a) Enclosed installation:

With the aid of a clear diagram of the layout plan of the facility, to be attached, describe the facility with specific reference to:

(i) Construction material

(ii) Interlocks

(iii) Warning signals/radiation monitors installed iv) Equipment layout

(iv) Radiation shields

(v) Fume holds

(vi) Remote handling equipment

(vii) Means of escape or communication

(viii) Any other protection measures and devices

Note: *indicate on diagram the directions in which exposure is possible.*

b) Open installation:

(i) Indicate the distance from radiation source to:

- Controlled areas _____
- Supervised areas _____

(ii) Indicate positive measures taken to maintain this degree of isolation (demarcations, physical barriers etc.)

_____

_____

(iii) How will you ensure that radiation workers involved in the decommissioning project will be adequately protected?

_____

_____

12. If facility involves raw material mining and/or processing:

 Give details of practice:

Name of practice	*Fuel involved*	*Estimated Investment (USD)*

13. Hazard assessment:

Identify the hazards, their consequences and safeguards during decommissioning (Include accident analysis where possible)

Hazard	*Consequences*	*Safeguards*

14. Risk assessments:

(a) Provide estimates of the magnitude of the expected doses to persons during normal decommissioning:

_____

_____

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

_____

_____

15. Name and information about qualified experts that will be involved in decommissioning

Name	*Expertise*	*Qualification*	*Certification*	*Experience*	*Reg. No.*	*E- mail*
	Radiation Safety Officer					

16. Other classified workers that will be responsible for decommissioning the equipment (e.g. technologist, technicians, social worker etc.)

Name	*Title*	*Qualification*	*Certification*	*Experience*	*Reg. No.*	*E-mail*

17. Describe and attach architectural drawings of the premises.

_____

_____

_____

18. On submission for your application, please provide the following-

(a) final decommissioning plan;

(b) final radiation survey report;

(c) quality assurance program and supporting documentation;

(d) safety assessment and supporting documentation;

(e) procedures for dealing with and reporting abnormal events, incidents and emergencies;

(f) a work breakdown structure and implementation program;

(g) administrative control procedures for individual tasks;

(h) procedures for the collection and maintenance of records during and after completion of decommissioning; and

(i) any other information that may be required by the atomic energy council.

19. Proposed start and end date of decommissioning:

(a) Starting _____

(b) Ending _____

20. Describe and attach a Radioactive Waste Management Plan

_____

_____

_____

Note: You must provide a final decommissioning report on completion of the decommissioning.

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* _____

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