SCHEDULE 1

Regulation 109

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

applicable)

1.

2.

3.

4.



ATOMIC ENERGY FORM 9 (AEF 9)

THE REPUBLIC OF UGANDA

THE ATOMIC ENERGY ACT, No. 24 of 2008 FORM 9

APPLICATION FOR AUTHORIZATION TO DECOMMISSION A FACILITY WITH RADIOACTIVE MATERIALS

Name and address of applicant (attach certificate of registration where

Tel. No. (office)	Tel. No. (mobile)	
Location of Facility:		
Name of unit/dept:		
Place: Plot No.:		
Area/Town:		
District:		
Name of Building: Name of Person(s) response		
Name of Building:		Qualification
Name of Person(s) respons	sible for radiation safety	
Name of Person(s) respons	sible for radiation safety	
Name of Person(s) respons	sible for radiation safety	

7. If f	acility has	s radioactive	material	l:				
Giv	e details	of radioactiv	e materi	als				
Name of source	Element mass No.	Chemical or physical state		Activit (Curies/I		Name of manufacturer	Model number	
8. If f	acility has	s radiation g	enerating	g equipn	nent:			
Giv	e details	of the equip	ment					
Name o	Name of equipment		Name of manufacturer		Model	Operating p	Operating parameters	
9. If f	acility inv	volves nucle	ar installa	ation:				
	•	of radioactiv						
Name installat		uel involved	Total ad (Curie:		Model/seria		me of facturer	
			<u> </u>					

Type of Facility: medical/industrial/research/other(specify)

Classification of Facility (Category I, II, III, IV, V)

5.

6.

10.	Type	of ins	tallation	enclosed installation/ op	en installation:			
	a)	Enclo	osed ins	tallation:				
		With	the aic	l of a clear diagram of the	layout plan of the facility,			
				d, describe the facility wit				
		i)	Const	ruction material	•			
		ii)	Interlo	ocks				
		iii)	Warni	ng signals/radiation monit	ors installed			
		iv)	Equip	ment layout				
		v)	Radiation shields					
		vi)	Fume	holds				
		vii)	Remo	Remote handling equipment				
		viii)						
		ix)		ther protection measures a				
		,	•	•	irections in which exposure			
			is poss		•			
	b)	Open	inctall	etion:				
	i)	Open installation: Indicate the distance from radiation source to:						
	1)	illuic		olled areas				
		•		vised areas				
	ii)	India	•		maintain this degree of			
	11)		rs etc)					
					·			
	iii)		How will you ensure that radiation workers involved in the					
		nately protected?						
11.	If facility involves raw material mining and/or processing:							
		•	s of prac	_				
	Vame o	f praci	ice	Fuel involved	Estimated Investment (USD)			

Name of practice	Fuel involved	Estimated Investment (USD)
	3	

,	D' 1	4								
3.		Risk assessments: (a) Provide estimates of the magnitude of the expected doses to								
	(a)	persons during		•		ected do	oses to			
	(b)	Identify the parising from ac	•	_	de of pote	ntial exp	osure			
4.	Name and information about qualified experts that will be involved in decommissioning—									
	Name	Expertise	Qualification	Certification	Experience	Reg. No.	E-mai			
		Radiation Safety Officer								
_										
<i>.</i>		· classified work quipment (e.g. T		•						
<i>j</i> .			echnologist,	•	s, social wo	orker etc)				
5.	the ed	quipment (e.g. T	echnologist,	Technician	s, social wo	orker etc)				

Identify the hazards, their consequences and safeguards during

Consequences

Safeguards

12.

Hazard assessment:

decommissioning.

Hazard

16.	Encl	ose architectura	al drawings of the p	remises.		
17.	On s	submission for	your application, Ple	ease provide the	e following-	
	(a)	Final decomr	missioning plan;			
	(b)	Final radiation	on survey report;			
	(c)	Quality assur	ance programme an	d supporting do	ocumentation;	
	(d)	Safety assess	ment and supporting	g documentation	n;	
	(e)		Procedures for dealing with and reporting abnormal events, incidents and emergencies;			
	(f)	A work breakdown structure and implementation programme;				
	(g)	Administrative control procedures for individual tasks;				
	(h)		or the collection and appletion of decomme		of records during	
	(i)	Any other inf Council.	Formation that may b	be required by the	ne Atomic Energy	
18.	Prop	osed start and	end date of decomm	nissioning:		
	(a)	Starting				
	(b)	Ending				
19.	You must provide a final decommissioning report on completion decommissioning.				completion of the	
			DECLARATIO	ON		
I			(name of auti	horized person)	Certify that all	
			ein is true and corre			
Date			Signature of	applicant		
			FOR OFFICIAL USE	ONLY		
Liceno	ce No:					
			Ву	Date	Signature	
Receiv	ved:					

Evaluated:

Comments:

General Remarks and/or