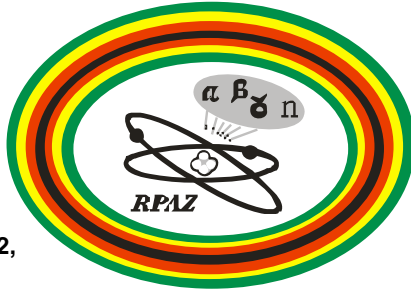


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RPA-AUTH/FRM-08/RP/10

RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT (CHAPTER 15:15)

INSTRUCTIONS:

- (i) Provide ALL the requested information
- (ii) Information in item numbers 2 to 4 should be provided for each equipment/facility.
- (iii) Tick appropriate box.
- (iv) Use separate sheets where necessary.

NOTE: The Authority may require additional information to fully consider this application prior to issuing a license

APPLICATION FOR AUTHORIZATION TO POSSESS AND STORE IONIZING RADIATION EQUIPMENT AND SOURCES

1. GENERAL INFORMATION

(a) Name of Applicant/Institution:

Address:

Telephone No

Fax No.

E-mail

(b) Type of license Application: New Amendment renewal

(d) Name and Title of the head of Institution:

(e) Person responsible for radiation safety:

Name:

Title:

Qualification:

Certification:

Experience:

(f) The Representative of the Legal Person

Name: Telephone Number:

Title: Fax Number:

E-mail address:

2. EQUIPMENT/ SOURCES

a) X-ray Generators

Manufacturer/Address/ Workload	No. of Tubes	Model No.	Serial No.	Max. Voltage kV	Max. Current (mA)
Name Address: Max output: Exposure time per week: Workload: mA-min per week					

b) Equipment with sealed sources incorporated

Description	Radionuclide	Maximum activity
Manufacturer: Radiation Type (alpha, beta, gamma, neutron): Model No. Device: Source: Serial No. Device: Source:		

c) Is the device fixed or mobile?

d) Location of the device

Provide the details of a location in which the device will be used:

- i. Name of unit/department
- ii. Building and room no.
- iii. Place
- iv. Town

e) Service and Maintenance

List all who will be authorized to provide service and maintenance on the stored equipment at your facility

Provide a copy of any service/maintenance agreement between your Institution and the provider.

3. **FACILITIES**

a) Shielding and Design of the storage room and facilities

Attach a layout plan of the storage room for example showing the x-ray rooms, including the location of the control panel, shielded cubicle/mobile protective barrier, cassette pass box, doors, windows/ventilators, dark room, passages, patient changing room, patient waiting area, occupancies around the installation and materials and thickness of wall materials.

4. **RADIATION PROTECTION AND SAFETY PROGRAM**

Describe your policies and procedures for classification of controlled and supervised area.

5. **EMERGENCY PROCEDURES**

Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged

6. SIGNATURE AND CERTIFICATION

I _____ certify that all information provided therein, including any attachments are true and correct to the best of my knowledge* .

Signature of authorized representative of the legal person

Title:

Date

FOR OFFICIAL USE ONLY

- (i) Date at which application form was received
- (ii) Date of evaluation.....
- (iii) Decision: Granted/Denied.....
- (iv) License/ Registration No.
- (v) General remarks and/or Comments

* *It is an offence in terms of the Radiation Protection Act [Ch 15:15] Section 20 (1)(d) and (e) to withhold any information to the ownership or management of a radiation source or give information which he knows to be untrue or has no reason to believe to be true.*