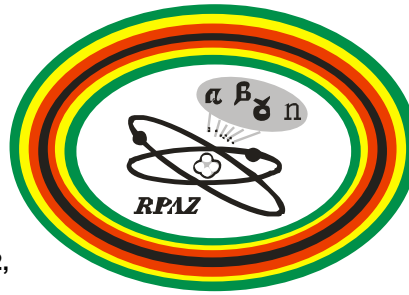


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RPA-AUTH/FRM-02/GD/10

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 AUTHORISATION FOR (FIXED/MOBILE) GAUGING, DETECTION AND OTHER DEVICES

1. GENERAL INFORMATION

(a) Name of Applicant/Institution:

Address:

Telephone No

Fax No.

E-mail

(b) Type of license Application: New Amendment renewal

(c) Purpose of application: Construction use/operation

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

2. EQUIPMENT(a) Type of equipment Fixed Mobile

(i) Equipment with Sealed Sources incorporated

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

(ii) Neutron Generators - Accelerator

Manufacturer	Model number	Serial Number	Neutron Energy	Target nuclide

(iii) X-ray Generators

Manufacturer	Model Number	Serial Number	Maximum Voltage (kV)	Maximum Current (mA)

(b) Standards and Classification

- (i) Are the sources manufactured, prototype tested and subject to quality control provisions of standards recognized by international standard setting organizations e.g. ISO or SAZ? If so please list and identify the standards and any applicable classification numbers.

- (ii) Is each device that emits radiation manufactured, prototype tested and subject to quality control provisions of standards recognized by international standard setting organizations? If so please list and identify the standards and any applicable classification numbers.

(c) Storage Locations for mobile devices

Will the sources be stored for long periods of time at any address other than given in Item I-1 above?

Yes No

If yes please give details of the storage addresses:

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3. FACILITIES

(a) Location of the Facility

Provide the details of the location of equipment / sources

Name of source / Unit	
Physical Address.(include room number)	
City / Town	
Province	

(b) Layout of the installation

(i) Describe factors such as the layout of the facility and its safety systems including, building materials, alarms, shielding and engineering controls.

(ii) Safety assessments:

Taking into account effects of shielding, provide calculation of maximum dose rates in all adjacent areas outside the installation:

(iii) Provide estimates of the magnitude of the expected doses to persons during normal operations:

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

(Attach a layout drawing of the installation showing adjacent surroundings with controlled and supervised areas clearly identified)

4. SECURITY AND SAFETY OF RADIATION SOURCES|

(a) Describe measures to be undertaken to ensure the security and safety of radiation sources during:

(i) Use

(ii) Transport

(iii) Storage

(b) Radioactive Waste Management:

How will the generated radioactive wastes be managed?

(i) Source(s) returned to the supplier: Yes No ;if yes attach a copy the agreement; if no

(ii) How will it be managed in the country?

(c) Emergency Procedures:

Is an emergency plan available? Yes No ; If yes, attach the summary of the plan and related information e.g. organization, implementation etc.

(d) Other Radiation Protection and Safety Requirements:

Occupational and public exposures control: Describe your program for monitoring your work place (dose rate measurements, leak tests etc.) including any dose constraints to be applied.

(e) Transfer or Disposal of Radioactive Sources

Describe arrangements for transfer or disposal of spent radioactive source

(f) System of Records

Please provide details on how your organization manages its records in each of the following areas listed below:

- (i) Disposal of spent sources.
- (ii) Personal dosimetry
- (iii) Area surveys
- (iv) Instrument tests and calibrations
- (v) Tests for radioactive sealed source leakage
- (vi) Inventory of material accountability
- (vii) Audits and reviews of radiation safety programme
- (viii) Incident and accident investigation reports
- (ix) Maintenance and repair work
- (x) Facility modifications
- (xi) Training programme (initial and continuing)
- (xii) Evidence of health surveillance of workers
- (xiii) Transportation of radioactive materials

5. DECLARATION:

I, _____ (*name*) certify that all the information given herein is true and correct to the best of my knowledge* .

Signature :

Date:

Official stamp:

For Official Use Only

- (i) Date at which application form was received
- (ii) Date at which the application was evaluated
- (iii) Licence / Registration No.:
- (iv) Evaluated by _____ Signature
- (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.*