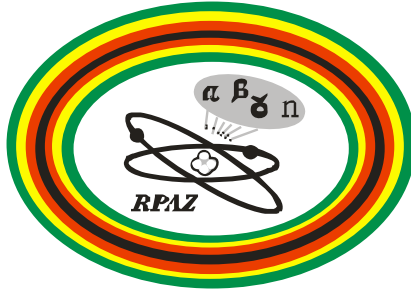


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RPA-NT/N-01/10

RADIATION PROTECTION AUTHORITY OF ZIMBABWE
RADIATION PROTECTION ACT [CHAPTER 15:15]

FORM FOR NOTIFICATION OF A PRACTICE INVOLVING IONIZING RADIATION

1. GENERAL INFORMATION

Name of Applicant..... Title.....

Address.....

Telephone..... E-mail

Name of Organisation.....

Address where radiation source/ equipment will be used.....

Telephone no..... Fax No.....

Location of facility:

Name of Unit / Department.....

Sub-Location / Town.....

District:

Region.....

Building..... Room No:

2. LIST NAMES OF INDIVIDUAL USERS / OPERATORS OF EQUIPMENT/SOURCES:

NAME	TITLE

3. RADIOACTIVE MATERIALS:

Give details of radioactive materials that you intend to use and attach supplier / manufactures sources certificate

Type of Radiation Source	Radionuclide	Chemical or Physical Form	Number of Sources	Activity (curies/Bq)	Serial No.

4. RADIATION GENERATING EQUIPMENT:

Give details of the equipment:

Manufacture:

Model:

Operating parameters:

5. PURPOSE OF USE:

Describe the purpose for which radioactive materials/radiation generating equipment will be used:
.....
.....
.....

6. DECLARATION:

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

Date: Signature of Applicant

* *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.*