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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: [Redacted]

Address: [Redacted]

Telephone No [Redacted]

Fax No. [Redacted]

E-mail [Redacted]

(b) Type of license Application: New Amendment renewal

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

(e) Person responsible for radiation safety:

Name: [Redacted]

Title: [Redacted]

Qualification: [Redacted]

Certification: [Redacted]

Experience: [Redacted]

(f) The Representative of the Legal Person

Name: [redacted] Telephone Number: [redacted]
 Title: [redacted] Fax Number: [redacted]
 E-mail address: [redacted]

2. EQUIPMENT/ SOURCES

a) X-ray Generators

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

b) Equipment with sealed sources incorporated.

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

c) Is the device fixed or mobile? [redacted]

d) Location of the device

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

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

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 areas.

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 [redacted] 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: [redacted]

Date [redacted]

FOR OFFICIAL USE ONLY

(i) Date at which application form was received [redacted]

(ii) Date of evaluation [redacted]

(iii) Decision: Granted/Denied [redacted]

(iv) License/ Registration No. [redacted]

(v) General remarks and/or Comments
[redacted]

* 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.