



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

### FOR OFFICIAL USE ONLY

Institution:

RAIS NO.	Application receipt date	Application evaluation date	Authorisation Number

### INSTRUCTIONS

Please complete ALL SECTIONS providing as much detail as possible.

*For electronic submissions, if the space provided on this form for any response is insufficient, please submit your responses on a separate Word or PDF document.*

### SUBMISSION OF APPLICATION

The completed application form, proof of payment and all accompanying documentation to be submitted electronically to:

**E-mail:** [licensing@rpaz.co.zw](mailto:licensing@rpaz.co.zw) or [igorondondo@rpaz.co.zw](mailto:igorondondo@rpaz.co.zw) or [ctichareva@rpaz.co.zw](mailto:ctichareva@rpaz.co.zw) or [cmangani@rpaz.co.zw](mailto:cmangani@rpaz.co.zw)

**Physical Address:** Radiation Protection Authority of Zimbabwe; 18 Armadale Road, Borrowdale, Harare, Zimbabwe.

**Telephone:** (0242) 335627/ (0242) 304982

### TYPE OF LICENSE

- Store and Posses of Medical radiation equipment and devices
- Store and Posses of Industrial radiation equipment and devices
- Other \_\_\_\_\_

**NB: The following documents should be attached to this form:**

- (i) *Certificate of radiation safety training for the Radiation Safety Officer (RSO).*
- (ii) *Layout plan of storage facility including shielding details.*

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



# RADIATION PROTECTION AUTHORITY OF ZIMBABWE

“...Protecting People and the Environment from the Harmful Effects of Radiation...”

1.	Type of license Application <i>(Please tick where appropriate. Indicate whether it is renewal, Store and Possess)</i>	<input type="checkbox"/> <b>New</b>		<input type="checkbox"/> <b>Renewal</b>	
		<input type="checkbox"/> Store and Possess		<input type="checkbox"/> Store and Possess	
2.	Purpose of application (e.g. diagnostic, therapy)				
3.	Name of Institution				
4.	Address of Institution				
5.	Telephone No	Cell No.	E-mail		
6.	<b>Name and Title of the head of Institution Details</b>				
	Full Name	Cell No.	E-mail		
7.	<b>Certified Radiation Safety Officer Details</b>				
	Full Name			Title	
8.	Cell No			E-mail	
9.	Academic Qualification				
10.	Professional experience (Number of Years)		Professional Registration Number (e.g. ZIE)		
11.	<i>RPAZ RSO Training (Indicate year and attach training certificate)</i>			<b>Year of Certification</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>				
12.	<b>Legal Person Details</b>				
	Full Name			Title	
13.	Cell No			E-mail	



14. <b>Equipment X-ray Machine details</b> This section applies to: <i>X-ray Generators/Xray tubes/XRFs/XRDs/XRTs/Baggage Scanners/Spectrometers</i>						
	Type of Equipment i.e. XRF, Xray tube etc.	Model Number	Serial Number	Max. Voltage (kV)	Max. Current(mA)	<b>Is the device fixed or mobile</b>
a.						
b.						
c.						
d.						
e.						
f.						

15. <b>Nuclear Gauges and Radiation Sources</b> This section applies to: <i>Moisture density gauges, fill level gauges, general gauges and other associated sources</i>						
	Type of Equipment/Sourc e e.g. Cs-137	Model Number	Serial Number	Initial Activity	<b>Date of initial activity</b>	<b>Is the device fixed or mobile</b>
a.						
b.						
c.						
d.						
e.						
f.						



16.	<b>Location of the device</b>	
	<b>Provide the details of a location at which the device will be stored</b>	
	Name of unit/department	
	Building and room no.	
	District /Town	
17.	<b>Other Locations where the Device will/be stored</b>	
	Name of unit/department	
	Building and room no.	
	District /Town	

18.	<b>Shielding and Design of X-ray room and facilities (Requirements)</b>	
	Facility Layout Plan (attach layout Plan)	Attach a layout plan of the x-ray facility showing the storage room, materials and thickness of wall materials and security aspects of the storage bunker.

19.	<b>EMERGENCY PROCEDURES</b>	
	Emergency Procedures	Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged.

**DECLARATION**

**(To be signed by the Head of the Institution or the legal person)**

I hereby declare that the information provided on this form and in support of this application is complete and true and that I have read and understood the *Radiation Protection Act [Chapter 15:15]*. I understand that all statements and representations made in this application and on supplementary documentation are binding to the applicant. I also understand that the Authority may require additional information to consider this application prior to issuing a license.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[END OF APPLICATION]**



# RADIATION PROTECTION AUTHORITY OF ZIMBABWE

*"...Protecting People and the Environment from the Harmful Effects of Radiation..."*

## FOR OFFICIAL USE ONLY

Date at which application form was received	
Date of evaluation	
Decision: Granted/Denied	
License/ Registration No	
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.**