



**APPLICATION TO USE INDUSTRIAL RADIATION EQUIPMENT
USE AND RENEWAL AUTHORISATION FORM**

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 or lgorondondo@rpaz.co.zw or ctichareva@rpaz.co.zw or 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

- Nuclear gauges (Moisture density gauges, fill level gauges and general gauges) and associated sources
- XRTs, XRLs, XRDs and XRFs.
- Baggage Scanners, Cargo Scanners and Whole-Body Scanners.
- Industrial Xray tubes and generators.
- Other _____

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

- (i) *Certificate of radiation safety training for the Radiation Safety Officer (RSO).*
- (ii) *Academic certificates of training and a copy of the Curriculum Vitae for the operators of the equipment.*
- (iii) *A copy of the Radiation Protection Program (RPP).*
- (iv) *Application form for personnel monitoring badges (dosimeters) – Form attached on page 11.*

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"/> New	<input type="checkbox"/> Renewal
		<input type="checkbox"/> Use <input type="checkbox"/> Store and Possess	<input type="checkbox"/> Use <input type="checkbox"/> Store and Possess
2.	Purpose (of use /application)		
3.	Name of Institution		
4.	Address of Institution		
5.	Telephone No	Cell No.	E-mail
6.	Name and Title of the head of Institution		
	Full Name	Cell No.	E-mail
7.	Certified Radiation Safety Officer Details		
	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> Yes <input type="checkbox"/> No <input type="checkbox"/>		Year of Certification
12.	Legal Person Details		
	Full Name		Title
13.	Cell No		E-mail



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

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

14.	Qualified Radiation Experts Details (Users of the equipment) (e.g., X-ray Operators, Technologists, Technicians, Engineers etc.)					
	Name	Designation	Qualification	Certification	Experience (Years)	Professional Registration No.
a)						
b)						
c)						
d)						
e)						
f)						
g)						
h)						
i)						
j)						



15. Equipment/Machine Details					
<i>This section applies to XRTs, XRLs, XRDs and XRFs, Baggage Scanners, Cargo Scanners, Whole-Body Scanners and Industrial Xray tubes and generators.</i>					
	Type of Equipment e.g. XRF etc.	Model number of machine/sources	Serial number of machine/sources	Max. Voltage (kV)	Max. Current (mA)
a)					
b)					
c)					
d)					
e)					
f)					
g)					
h)					
i)					
j)					
k)					
16.	Device standards	(a) If available provide information on whether equipment to be used has been manufactured, prototype tested to quality standard recognized by SAZ, ISO or IEC.	(b) If the answer above is Yes, provide the standards and any applicable classification numbers. Standard _____ Classification No. _____ Other information. _____		



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

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17.	Radiation Sources or Radiation Emitting Machine details				
<i>This section applies to nuclear gauges (Moisture density gauges, fill level gauges and general gauges) and associated sources.</i>					
		Device or Equipment Description	Radionuclide	Maximum activity	Fixed (F) or Mobile (M)
a)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
b)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
c)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
d)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
e)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
f)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
g)	Model No. of Device				
	Serial No. of Device				
	Manufacture				
h)	Model No. of Device				
	Serial No. of Device				
	Manufacture				

If the space provided on this form for any response is insufficient, please submit your responses on a separate Word or PDF document.



18.	Service and Maintenance	
<p>State authorized personnel/ organization who are authorized to provide service and maintenance on the x- ray equipment at your facility.</p> <p><i>Provide a copy of any service (Leak tests and workplace monitoring) service providers.</i></p>	<p>Organization (Service Provider)</p> <p>Name: _____</p> <p>Telephone No. _____</p> <p>Email _____</p> <p>Physical Address _____</p>	<p>Personnel (Service Provider)</p> <p>Name: _____</p> <p>Telephone No _____</p> <p>Email _____</p> <p>Physical Address _____</p>

19.	Location of the device	
	Provide the details of a location in which the device will be used	
	Name of unit/department	
	Building and room no.	
	District /Town	
20.	Will the mobile sources be stored for long periods of time at any address other than given in section 19 above?	
	Storage Locations for mobile devices	
	Name of unit/department	
	Building and room no.	
	District /Town	



21. Layout of the Installation	
a)	Describe factors such as the layout of the facility and its safety systems including, building materials, alarms, shielding and engineering controls.
b)	Safety assessments: Considering effects of shielding, provide calculation of maximum dose rates in all adjacent areas outside the installation:
c)	Provide estimates of the magnitude of the expected doses to persons during normal operations
d)	Identify the probability and magnitude of potential exposures arising from accidents or incidents
e)	Design and layout <i>Attach a layout drawing of the installation showing adjacent surroundings with controlled and supervised areas clearly identified.</i>

22. Safety of Radiation Sources	
	<i>Describe measures to be undertaken to ensure safety of radiation sources during:</i>



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

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

a)	Use of Sources	
b)	Transport of Sources	
c)	Storage	

23.	Security of Radiation Sources Describe measures to be undertaken to ensure security of radiation sources:

24.	Radioactive Waste Management <i>Applicable for gauges and radioactive sources</i>	
	Storage and Radioactive Waste Management	a) How will the generated radioactive waste be managed? Will the source(s) returned to the supplier. <input type="checkbox"/> YES <input type="checkbox"/> NO b) If yes, please attach a copy the agreement with supplier.



		c) if no, please state how will it be managed in the country
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25. Radiation Protection and Safety Program (Requirements)

As an attachment to this application describe the radiation protection and safety program of the facilities, including

Organizational structure

- a. Describe your organization structure and management control systems including assignment of responsibilities related to radiation safety, include staffing levels, equipment selection criteria, the duties, and responsibilities of the radiation safety officer to stop unsafe operations, personnel training and maintenance of records.

Provide information on planned on the job training including explanation of written procedures, use of equipment, quality assurance measuring warning lights and signs and radiation protection and safety program of the facility.

b. Personal Monitoring and Classification and Monitoring of working areas.

- i. Describe your program of monitoring of work areas and indicate the radiation quantity to be measured, where and when and at what frequency the measurements will be made. Also indicate the methods and procedures to be followed, reference levels to be adopted and appropriate actions to be taken if these levels are exceeded.
- ii. Describe your policies and procedures for classification of controlled and supervised area.
- iii. Indicate which personal dosimeters will be provided to workers?

- A- Film Badge
- B- TLD
- C- Pocket Dosimeters
- D- Others

c. Local Rules and Supervision

- i. Describe your local rules and procedures concerning investigation levels or authorized levels; protective measures and safety provisions, providing adequate supervision, provision of information to workers regarding health risks due to occupational exposure and emergency planning and response instructions.
- ii. Describe your training program to ensure that all appropriate staff are adequately trained in the operating procedures.
- iii. Describe your policies regarding notification by female workers of pregnancy and the instruction you will provide to female workers.



d. Quality Assurance

- i. Describe your program to periodically review procedures maintain procedures, current and available, and your procedure modification process.
- ii. Describe your program for optimizing occupational and public exposures to levels as low as reasonably achievable.
- iii. Describe your program of periodic maintenance.

e. Emergency Procedures

- i. Attach/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]

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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.



APPLICATION FOR PERSONAL MONITORING DEVICES (DOSIMETER BADGES)

25.	Details Of Workers Requiring Personal Monitoring				
	<p><i>N.B: For dosimetry inquiries, contact the following:</i> omatinhe@rpaz.co.zw , pmudzingwa@rpaz.co.zw , nsibanda@rpaz.co.zw , cchikwava@rpaz.co.zw</p>				
a.	Name of institution		Physical address of the institution		
b.	Name of Radiation Safety (RSO)		Telephone Number(s) of RSO	Email address of RSO	
c.	Name	Date of Birth (DD/MM/YYYY)	I.D Number	Occupation	Gender
1.					
2.					
3.					
4.					
5.					



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Name: _____

Signature: _____ Date: _____

[END OF APPLICATION]