 **Radiation Control**

**RN787**

 Private Bag X62 Enquiries: Admin

 BELLVILLE 🕿: 021-015 5511 / 957 7472
 7535 radionuclides@sahpra.org.za

**APPLICATION FOR AUTHORITY TO ACQUIRE, POSSESS, USE,
CONVEY AND/OR DISTRIBUTE RADIOACTIVE NUCLIDES**IN TERMS OF SECTION 3A OF THE HAZARDOUS SUBSTANCES ACT 15 OF 1973

 Please quote your file number
 in all correspondence ⇨

 **File no.: Authority no: x x / x x x x**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  |  | No |

Is this the first time you are applying for an authority for this company/branch/practice?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This form is organised as follows:[Section A](#_Section_A:_General): General information[Section B](#_Section_B:_): Details regarding acquisition of radioactive nuclide(s)[Section C](#_Section_C:_): Details of sealed radioactive nuclide(s)[Section D](#_Section_D:_): Details relating to the use of unsealed radioactive nuclide(s)For sealed radioactive nuclides, complete sections A, B and C. For unsealed radioactive nuclides, complete sections A, B and D. Submit the ***completed*** form, with any supporting documents required, **to the email address above*. Incomplete forms will not be processed.*** |  | **Category of use** (Tick ✓) |  | **Type of authority** (✓) |
|  | Distribution |  | Possess |
|  | Irradiators |  | Use |
|  | Industrial radiography |  | Convey |
|  | Level or density gauges |  | Cause to convey |
|  | Soil gauges |  | Distribute (unsealed) |
|  | Moisture gauges |  | Import/Export renewal |
|  | Research |  |  |
|  | Other (specify) |  | Govt |  | Private |
|  |  |  |  |
| **Medical:** |  | Add source(s) |
|  | Radiotherapy |  | Renewal only: ***Only Section A is required***  |
|  | Nuclear Medicine  |
|  | Other medical (specify) |  | Other changes: (specify) |

## Section A: General information

**A1. Details of applicant (Authority Holder) *COPY FIELDS* *(a) & (b) FROM YOUR EXISTING AUTHORITY***

|  |
| --- |
| (a) Name of legal entity (RSA-registered company, government department, hospital, partnership, trust, etc. *or* natural person): |
| (b) Section or department (or branch):  |
| (c) Company registration No. (or ID No. if a natural person): |
| (d) 🕿: |
| (e) Email: |
| **A2. Details of appointed financial auditors** Links [Folder](file:///C%3A%5CUsers%5CMeyerc%5CDocuments%5CRNForms%5C787%20-%20Renewal%20%26%20new%20sources) [ThisDoc](file:///C%3A%5CUsers%5CMeyerc%5CDocuments%5CDTP) |
| Name:  | Postal Address: |
| 🕿: |  |
| Email: |  |

**A3. Address**

|  |  |
| --- | --- |
| Postal address (to be used for correspondence): | Premises address[[1]](#footnote-1) (where radionuclides are to be installed / used / stored, or where files are kept): |
|  |  |
|  |  |
|  |  |
|  |  |
| Suburb: Post code: | Suburb: Post code: |
| City: | City: |

**A4. Radiation protection officer** (i.e. a person appointed in terms of regulation 6 of R247, the Regulations relating to Group IV Hazardous Substances)

|  |  |
| --- | --- |
| Name: | Occupation: |
| Qualifications: | Designation: |
| ID no: | Email: |
| 🕿 (office): | Fax: |
| 🕿 (cell): | Address: |
| Experience/training in the handling of radioactive nuclides:  |  |
|  |
|  |
| I am aware of and accept my duties as radiation protection officer: | Signature: | Date: |

**A5. Acting radiation protection officer** (i.e. a **second** person appointed in terms of regulation 6 of R247, the Regulations relating to Group IV Hazardous Substances)

|  |  |
| --- | --- |
| Name: | Occupation: |
| Qualifications: | Designation: |
| ID no: | Email: |
| 🕿 (office): | Fax: |
| 🕿 (cell): | Address: |
| Experience/training in the handling of radioactive nuclides: |  |
|  |
|  |
| I am aware of and accept my duties as acting radiation protection officer: | Signature: | Date: |

**A6.** Appointed **medical physicist** (A6 & A7 are required for oncology and nuclear medicine authorities)

|  |  |
| --- | --- |
| Name: | ID no. |
| Address: |
| 🕿 (office): | Fax: |
| 🕿 (cell): | Email: |
| I, , hereby declare that I will render my services as medical physicist for the abovementioned authority holder. | HPCSA registration no.:Signature: Date: |

**A7.** Appointed **acting medical physicist** (deputises when the medical physicist is absent)

|  |  |
| --- | --- |
| Name: | ID no. |
| Address: |
| 🕿 (office): | Fax: |
| 🕿 (cell): | Email: |
| I, , hereby declare that I will render my services as medical physicist for the abovementioned authority holder. | HPCSA registration no.:Signature: Date: |

**A8.** Details of appropriate **radiation monitoring equipment** (e.g. dose-rate meters, contamination monitors, alarm dosimeters, pocket dosimeters, dose calibrators\*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer (make)** | **Model** | **Type** (e.g. dose calibrators) | **Serial no.** | **Date of last calibration**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Calibration certificates issued by: |

**A9.** Proposed **dosimetry service** (for personal dosimeters, e.g. TLD badges)

|  |
| --- |
| Name: |
| Address: |

**A10. Declaration** (by RPO or authority holder: CEO / owner)

|  |
| --- |
| I, (PLEASE PRINT): hereby declare that the information supplied is to the best of my knowledge true and correct. |
| Signature: | Date: |
| Designation: |

\* At least one dose calibrator is required for each nuclear medicine practice to ensure patient safety.

##  Section B: Details regarding acquisition of radioactive nuclide(s)

**B1**. Details of **manufacturer(s)**

|  |  |  |
| --- | --- | --- |
| Name: |  | Name: |
| Address: |  | Address: |
|  |  |  |
|  |  |  |
|  |  |  |
| Radionuclide(s)\* |  | Radionuclide(s)\* |
| 🕿: |  | 🕿: |

**B2.** Details of importer(s)

|  |  |  |
| --- | --- | --- |
| Authority no.: |  | Authority no.: |
| Name: |  | Name: |
| Address: |  | Address: |
|  |  |  |
|  |  |  |
| Radionuclide(s)\* |  | Radionuclide(s)\* |
| 🕿: |  | 🕿: |

**B3.** Details of **supplier(s)** from whom radioactive nuclides are obtained

|  |  |  |
| --- | --- | --- |
| File no.: |  | File no.: |
| Name: |  | Name: |
| Address: |  | Address: |
|  |  |  |
|  |  |  |
|  |  |  |
| Radionuclide(s)\* |  | Radionuclide(s)\* |
| 🕿: |  | 🕿: |

\* For *Radionuclides*, simply indicate the isotope(s), e.g. Co-60; no further details needed here.

## Section C: Sealed radioactive nuclides

**C1.** Details of **radioactive nuclide(s)** for which authority is required (List each radioactive nuclide individually. Add a page if necessary.)

 *Attach all source calibration certificates.* (Not required for renewals if Radiation Control already has a copy of the certificate.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nuclide | Activity **(Bq) \*** | Locality where nuclide is to be used / installed | Intended use \*\* | Source serial number  | Make & model of container/equipment \*\*\* | Serial number of container/equipment |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* Use k, M or G to indicate kBq, MBq or GBq respectively.

\*\* Purpose for which radioactive nuclide(s) are required, e.g. research, industrial radiography, level gauge, belt mass meter, thickness gauge, density gauge, therapeutic, diagnostic, reference source, educational, soil gauge, XRF analyser, electron capture detector, moisture gauge, scintillation counter, borehole logging, dust monitor, ash monitor, beta light, static eliminator, tracer, alignment gauge, dewpoint meter, irradiator, teletherapy unit, afterloading device, pre-ioniser source, portable level gauge, other.
If **other**, please specify. Give full particulars of research work on a separate sheet.

\*\*\* If the sealed radioactive nuclide(s) form part of an instrument or equipment, **please attach brochures** etc. providing details regarding the construction of the source container. Note that ‘container’ means any piece of equipment that contains the source, e.g. soil gauge, afterloader or irradiator.

**C2.** Details of **manufacturer(s) of source container(s)**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
|  |  |
|  |  |

**C3.** Physical **facilities for storage and handling** of radioactive nuclides(s) e.g. maintenance facilities, industrial radiography storage pit, etc. Give a full description with sketches.
Use a separate sheet if necessary.

**C4**. Describe the **installation** of equipment/apparatus containing sealed radioactive nuclide(s) at localities given in column 3 of part 1 of section C. Sketches (not working drawings) with distances must be submitted.
**Distances between installed source(s) and walkways, and/or workstations frequented or occupied by employees, must be indicated in all cases**.

## Section D: Unsealed radioactive nuclides

**D1.** Physical facilities, sources, and work to be done (For more than 12 radionuclides, please add another copy of this page.)

|  |
| --- |
| **(a) Physical facilities** for the handling and storage of unsealed radioactive nuclides |
|  | **FACILITY No 1** | **FACILITY No 2** | **FACILITY No 3** |
| Type of facility \* |  |  |  |
| Room no. & floor no. |  |  |  |
| Building & location |  |  |  |
| Facility approved? | Yes |  | No |  | Yes |  | No |  | Yes |  | No |  |
| Date approved |  |  |  |
| Inspecting Officer |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(b) Nuclide(s)** to be used/stored e.g. C-14 |  |  |  |  |  |  |  |  |  |  |  |  |
| Maximum activity to be stored at a time **(Bq)** \*\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Maximum activity to be used at a time **(Bq)** \*\* |  |  |  |  |  |  |  |  |  |  |  |  |
| Medical/Non-medical? |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical form of each nuclide \*\*\*  |  |  |  |  |  |  |  |  |  |  |  |  |
| Supplier name / file No. |  |  |  |  |  |  |  |  |  |  |  |  |
| **(c)** Description of the **work** to be performed, including details of handling and safety procedures. (Add a page if needed.) |      |

\* Types of facilities include Type A, B and C labs, counting rooms, storerooms, administering rooms, etc.

\*\* Use k, M or G to indicate kBq, MBq or GBq respectively. “Maximum activity to be stored” means maximum activity that will *be on the premises* at any time.

\*\*\* Physical form e.g. liquid, powder, gas, seeds, assay kit. For iodine, please specify MIBG separately.

**D2.** Manner in which unsealed radioactive waste will be disposed of

|  |  |  |
| --- | --- | --- |
| Unsealed nuclides | Estimated activity to be disposed of monthly (Bq) | Percentage of activity to be disposed of via: |
| \*Incinerator | Public sewer | NECSA | Other (specify)   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Please provide the premises address and, in the case of an incinerator, technical specifications such as air flow rate, etc: |

**D3.** Premises facilities for storage, handling and counting of the unsealed radioactive nuclides.

Provide a full description, overleaf or on a separate sheet, in which the following details are reflected:

(a) non-absorbent finish of the walls, floor, working surfaces, and around wash basin

(b) position of radiation warning signs

(c) type of ventilation

(d) fume hood (where applicable)

(e) number of waste bins

(f) sinks (number, type of surface, elbow-operated taps)

Sketches of the layout (not working drawings) with distances must be submitted. Provide sufficient information to enable the Director-General to establish whether the facility complies with the specified requirements.

⮊

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

1. If radionuclides are never on the Authority Holder’s premises, give the address where the files are kept. [↑](#footnote-ref-1)