**ANNEXURE TO FORM RN787**: to be completed for medical practices involving multiple premises

**PHYSICAL FACILITIES FOR THE HANDLING,
USE AND STORAGE OF UNSEALED RADIONUCLIDES**

**RN787A\_Med**

 **File no.: M/ Authority no: /**

## Authority holder (as on authority)

## Practice name Practice #

**“Home base” practice:** Physical address

1. Type of practice: 🞏 Radiation oncology; 🞏 Nuclear medicine; 🞏 Other:
2. Tick the rooms in which you use radionuclides *here*. ***Give the room no., block, floor etc in each case***.
* Hot lab: 🞏 Type B 🞏 Type C
* Storage facility for radionuclides:
* Patient administration room:
* Gamma Camera:
* PET facility:
* Isolation room(s):
* Ward(s) if no specific one, state e.g. *private ward* or *general ward*
* Afterloader:
* Theatre(s):
* Radioactive waste management facility:
* Other (specify):
1. List any **additional facilities** (e.g. hospitals) that are not owned by your practice, but that you use for diagnostic or therapeutic procedures on patients.

 (a) (b)

 (c) (d)

4. For each of the facilities in 3., provide the details requested below. Copy as many blocks as needed.

|  |
| --- |
| Legal name of **Facility (a):**  |
| Physical address |  |
| Health & Safety Officer | Title, initials & surname | ✆ Email |
| Radiation Protection Adviser, if applicable | Title, initials & surname  | ✆ Email |
| (a) **Tick** the facilities you use at these premises.(b) Indicate the **location** (e.g. block, room no. & floor) in each case | * Hot lab: 🞏 Type B; 🞏 Type C:
* Storage facility for radionuclides:
* Patient administration room:
* Gamma Camera:
* PET facility:
* Isolation room(s):
* Ward(s):
* Afterloader:
* Theatre(s):
* Other (specify)
 |
| 🞏 Our radionuclides are delivered directly to the premises. 🞏 Our staff bring the radionuclides to this facility. **Staff personal dosimetry:** 🞏 We provide TLDs or EPDs to all staff involved with our patients.🞏 This facility provides its own EPDs to its staff. | Radionuclide waste management: 🞏 is our own responsibility.🞏 is handled by the facility’s radioactive waste management system. |

|  |
| --- |
| Legal name of **Facility (b):**  |
| Physical address |  |
| Health & Safety Officer | Title, initials & surname | ✆ Email |
| Radiation Protection Adviser, if applicable | Title, initials & surname  | ✆ Email |
| (a) **Tick** the facilities you use at these premises.(b) Indicate the **location** (e.g. block, room no. & floor) in each case | * Hot lab: 🞏 Type B; 🞏 Type C:
* Storage facility for radionuclides:
* Patient administration room:
* Gamma Camera:
* PET facility:
* Isolation room(s):
* Ward(s):
* Afterloader:
* Theatre(s):
* Other (specify):
 |
| 🞏 Our radionuclides are delivered directly to the premises. 🞏 Our staff bring the radionuclides to this facility. **Staff personal dosimetry:** 🞏 We provide TLDs or EPDs to all staff involved with our patients.🞏 This facility provides its own EPDs to its staff. | Radionuclide waste management: 🞏 is our own responsibility.🞏 is handled by the facility’s radioactive waste management system. |

***(Add more blocks as needed)***

**Declaration** (by RPO, Medical Physicist 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: |

**Submitting this form:**

* Submit this form to radionuclides@sahpra.org.za.
* If receipt is not acknowledged within a reasonable time, the number to call is
021-957 7472 or 021-015 5511 (Admin).
Please do not call radiation scientists directly just to check on receipt/progress. Thank you.

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

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