 **Radiation Control**

**RN789**

Private Bag X62 Enquiries: Admin

BELLVILLE 🕿: 021-015 5511 / 957 7472  
 7535 [radionuclides@sahpra.org.za](mailto:radionuclides@sahpra.org.za)

**APPLICATION FOR AUTHORITY TO CONVEY RADIOACTIVE NUCLIDES**

**IN TERMS OF SECTION 3A OF THE HAZARDOUS SUBSTANCES ACT 15 OF 1973**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?

## Section A: General information

**A1. Details of applicant (Authority Holder) *REFER TO YOUR EXISTING AUTHORITY FOR (a) & (b)***

|  |  |
| --- | --- |
| (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.[[1]](#footnote-1) (or ID No. if a natural person): | |
| (d) 🕿: | |
| (e) Email: | |
| **A2. Details of appointed financial auditors**  Links [Folder](file:///C:\Users\Meyerc\Documents\RNForms\787%20-%20Renewal%20&%20new%20sources) [ThisDoc](file:///C:\Users\Meyerc\Documents\DTP) | |
| Name: | Postal Address: |
| 🕿: |  |
| Email: |  |
|  | |

**A3. Address**

|  |  |
| --- | --- |
| Postal address (for correspondence): | Premises address (where radionuclides are to be temporarily stored):[[2]](#footnote-2) |
|  |  |
|  |  |
|  |  |
| Postal code: | Postal code: |
|  |  |
| 🕿: | Fax: |

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

⮊

**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. Proposed dosimetry service** (personal dosimeters):

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

**A7. Details of appropriate radiation monitoring equipment** (e.g. dose-rate meters, contamination monitors, alarm dosimeters, pocket dosimeters):

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer** | **Model** | **Type** | **Calibration date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**A8. Declaration** (by/on behalf of the applicant):

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

## Section B: Details regarding storage facilities

Physical facilities for temporary storage of radioactive nuclides(s). Give a full description with sketches, if necessary on a separate sheet.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. For new applications, attach company registration certificate [↑](#footnote-ref-1)
2. If radionuclides are never taken to the Authority Holder’s premises, give the address where the files are kept. [↑](#footnote-ref-2)