

Radiation Protection Act 2005

Form RPA0006-Addition:

**APPLICATION FOR AMENDMENT OF LICENCE
TO DEAL WITH
RADIOACTIVE MATERIAL – SEALED & UNSEALED
(Addition of people and/or radioactive material)**

SECTION 1: LICENCE TO WHICH AMENDMENT RELATES

SECTION 2: NATURE OF AMENDMENT

SECTION 3: AGREEMENT & AUTHORISATION

SECTION 4: INFORMATION ABOUT EACH PERSON

SECTION 5: INFORMATION ABOUT THE RADIOACTIVE MATERIAL

Please refer to 'Radiation Licence Information for Applicants' for further information on licensing.
This information can also be accessed at www.dhhs.tas.gov.au/publichealth/radiation

INFORMATION ABOUT COMPLETING THE APPLICATION

This form is to be used:

- when requesting approval to add people who need to be authorised on an existing licence because, for example, they have joined the practice, or are now working in a job where they will be dealing with the radioactive material;

and/or

- to request approval to add radioactive material to an existing licence.

1 The application must be in writing and an invoice for the prescribed fee of \$80.58 per amendment will be issued on receipt of your application.

2 The completed application should be returned by:

Email: radiation.protection@dhhs.tas.gov.au, or

Fax: **03 6222 7257**, or

Post: **Radiation Protection Unit
Department of Health & Human Services
GPO Box 125
HOBART TAS 7001**

Only return relevant, completed pages

3 During the application process, the Director of Public Health may consult with the applicant and may, at any time, request further information to be provided within a specified period.

4 Where all relevant information is provided with the application and the application fee has been paid, the Director of Public Health will generally make a decision within 90 days from receipt of the application.

5 When returning the application, please ensure that:

- a) all relevant information has been provided;
- b) copies of required qualifications etc are attached, if relevant; and
- c) the application form has been signed.

Incomplete applications will cause delays

6 Any dealing with a radiation source without a licence may be an offence under the *Radiation Protection Act 2005*.

7 You are required to advise the Department of Health & Human Services as soon as possible of any changes to the information provided in this application.

8 If you have any questions about the application, or the licensing requirements generally, please contact the Radiation Protection Unit on (03) 6166 7256 or radiation.protection@dhhs.tas.gov.au

SECTION 1: LICENCE TO WHICH AMENDMENT RELATES - Please print

I

Licence number(s)	
Licence holder	
Name of contact person for this application	
Business phone	Business fax
Business mobile	Business email

SECTION 2: NATURE OF AMENDMENT

Tick the appropriate box or boxes and respond to the relevant questions, as indicated, in each following section

2 This application for an amendment is seeking to:	Questions to complete
<input type="checkbox"/> Add a new person to be authorised to deal with radioactive material	This page plus questions 4 to 10
<input type="checkbox"/> Change the dealings of a person currently authorised to deal with radioactive material	This page plus questions 4 to 10
<input type="checkbox"/> Appoint a new Radiation Safety Officer	This page plus questions 4 to 10
<input type="checkbox"/> Add a new radioactive material to the licence	This page plus questions 11 & 18 or 12 to 18

SECTION 3: AGREEMENT & AUTHORISATION

3 DECLARATION – by the licence holder or a person authorised to sign on behalf of the licence holder named in Question 1

I,	(please print full name)
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holding the position of

Tick appropriate box

licence holder, or

person authorised to sign

(please print job title)

a) hereby declare that the information provided in this application and in support of this application is to the best of my knowledge complete and true in every particular;

b) understand that giving false or misleading formation is a serious offence under the *Radiation Protection Act 2005*;

c) authorise the Director of Public Health to disclose information in relation to this application for the purposes of enabling the Director of Public Health to confirm the information provided in this application and in support of this application.

Signature	Date
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Blank page – to assist separate printing of Section 4 for each person

SECTION 4: INFORMATION ABOUT A PERSON

Copy this section if more than one person is to be added

4 Your details

Title (Mr, Mrs, Dr)	Given name/s	Surname
Date of birth	Sex	M / F
Job title		
Business phone	Business fax	
Business mobile	Business email	

5 Category *Note: This is the category of person used for licensing purposes Tick appropriate box (or boxes if you are also the RSO)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Diagnostic Radiographer* | <input type="checkbox"/> Nurse* | <input type="checkbox"/> Service Technician |
| <input type="checkbox"/> Radiation Therapist* | <input type="checkbox"/> Veterinarian** | <input type="checkbox"/> Sales Person |
| <input type="checkbox"/> Nuclear Medicine Technologist* | <input type="checkbox"/> Research Scientist | <input type="checkbox"/> Specialist Registrar |
| <input type="checkbox"/> Nuclear Medicine Physician* | <input type="checkbox"/> Industrial Operator | <input type="checkbox"/> Manager/General Manager |
| <input type="checkbox"/> Medical Physicist | <input type="checkbox"/> Specialist Operator | <input type="checkbox"/> Executive Officer |
| <input type="checkbox"/> Radiologist* | <input type="checkbox"/> Soil Density & Moisture Gauge Operator | <input type="checkbox"/> Courier |
| <input type="checkbox"/> Radiation Oncologist* | | |
| <input type="checkbox"/> Medical Specialist* | | PLUS <input type="checkbox"/> Radiation Safety Officer |

* Must be registered with the Australian Health Practitioner Regulation Agency (AHPRA)

** Must be registered with the Veterinary Board of Tasmania

6 (a) YOUR intended dealing(s) with the radioactive material *Tick appropriate box or boxes*

- | | | | |
|---|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Possess | <input type="checkbox"/> Store | <input type="checkbox"/> Use | <input type="checkbox"/> Acquire |
| <input type="checkbox"/> Sell (as a supplier) | <input type="checkbox"/> Service | <input type="checkbox"/> Repair | <input type="checkbox"/> Install |
| <input type="checkbox"/> Manufacture | <input type="checkbox"/> Dispose of | <input type="checkbox"/> Transport | <input type="checkbox"/> Other (please specify) |

(b) If you have ticked 'USE' above, what are YOU going to 'USE' the radioactive material on? *Tick appropriate box or boxes*

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Humans | <input type="checkbox"/> Inanimate objects – scientific or industrial practices |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Inanimate objects – operational checks |

(c) What level of responsibility for the radioactive material will you have?

Tick appropriate box or boxes

- Work on or with an exposed source, eg: industrial, radiography, HDR brachytherapy, checking Sr-90 applicators, and work with unsealed radioactive materials
- Wipe testing of a sealed source container
- Operate the shutter of a sealed source container

(d) Which radiation sources and/or type of equipment employing radioactive material will you be dealing with? *Tick appropriate box or boxes*

Unsealed radiation sources (name the isotopes)

AND/OR equipment

- | | | |
|---|--|---|
| <input type="checkbox"/> Beta gauge | <input type="checkbox"/> Portable mass gauge | <input type="checkbox"/> Nuclear medicine assay/imaging/therapy |
| <input type="checkbox"/> Density gauge | <input type="checkbox"/> Mobile bore hole logging | <input type="checkbox"/> Check source |
| <input type="checkbox"/> Level gauge | <input type="checkbox"/> Ion chamber smoke detector | <input type="checkbox"/> Spot marker |
| <input type="checkbox"/> On stream analysis probe | <input type="checkbox"/> Static eliminator | <input type="checkbox"/> Gamma irradiator |
| <input type="checkbox"/> Belt mineral analyser | <input type="checkbox"/> Mobile industrial radiography | <input type="checkbox"/> Electron microscope |
| <input type="checkbox"/> Bench top analyser | <input type="checkbox"/> HDR brachytherapy afterloader | <input type="checkbox"/> Scintillation counter |
| <input type="checkbox"/> Mobile soil density & moisture gauge | <input type="checkbox"/> LDR brachytherapy seed applicator | <input type="checkbox"/> Microsphere injector |
| <input type="checkbox"/> Mobile moisture profiler | <input type="checkbox"/> Applicator | <input type="checkbox"/> Gas chromatograph Ni-63 source |
| | | <input type="checkbox"/> Other (specify) |

7 Professional registration – qualifications - training

Current professional registration certificate – **if you are a member of a registered profession (e.g. AHPRA) you must attach evidence of your current registration before your application can be considered**

Tick appropriate box or boxes **and attach evidence for each**

- | | |
|--|---|
| <input type="checkbox"/> Tertiary qualification(s) | <input type="checkbox"/> Radiation protection training course certificate |
| <input type="checkbox"/> Current professional membership certificate | <input type="checkbox"/> Radiation Safety Officer training course certificate |
| <input type="checkbox"/> Current accreditation certificate | <input type="checkbox"/> Other (please specify) |

8 Experience *Tick appropriate boxes*

Have you ever performed the intended dealing/work with the type(s) of radioactive material(s) you are applying to deal with? Yes No

If yes, was that in the last three years? Yes No

If yes to either or both questions, state the type(s) of radioactive materials(s), when and where

What experience do you have in radiation protection relevant to your proposed dealing(s)?

If you hold or have previously held a licence to deal with radioactive material, indicate when and where
Please attach a copy of any current radiation licence(s)

9 Probity – convictions/deregistration *Tick appropriate boxes*

Have you in relation to any dealing with a radiation source or a dangerous good, whether in Tasmania or elsewhere

- | | |
|---|--|
| a) been convicted of an offence, or | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) had revoked any licence, registration, accreditation or other authorisation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer is “yes” to either of the above, attach details of the circumstances and reasons why there is no cause to reject your application.

10 DECLARATION - by the same person as named in Question 4

I declare that the information I have provided in this application and in support of this application is complete and true. I understand that giving false or misleading information is a serious offence under the *Radiation Protection Act 2005*.

I accept that the Director of Public Health may obtain a report from the Commissioner of Police or a government department, statutory authority or agency in order to determine this application.

I have read the Personal Information Statement below and consent to the Department of Health and Human Services collecting, using and disclosing my personal information in order to assess this application and for other purposes permitted under the *Radiation Protection Act 2005*.

Name (please print)

Signature

Date

Personal Information Statement

Your personal information is collected in connection with an application for a licence under s 20 of the *Radiation Protection Act 2005* and will be used by the Director of Public Health or his delegate and the Department of Health & Human Services for the purpose of managing, assessing, advising upon and determining the relevant application and may be used for other purposes permitted by the *Radiation Protection Act 2005*. Failure to provide the information may result in the application being delayed or not being considered. The information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of the Department, the Radiation Advisory Council, regulatory authorities in other jurisdictions, law enforcement agencies, courts and other organisations authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by you on request to the Director of Public Health. You may be charged a fee for this service.

SECTION 5: INFORMATION ABOUT THE RADIOACTIVE MATERIAL TO BE ADDED

Copy this page if required

I I TRANSPORT If your application is **ONLY** to transport radioactive material, tick package type(s) and go to Question I 8

- Excepted
 Type A
 Type B
 Industrial
 Other (please specify)

COMPLETE QUESTIONS I 2 – I 8 FOR DEALINGS OTHER THAN TRANSPORT

For 'sell, repair, service and/or install', provide the information marked *, including Questions I 4, I 6 & I 8 overleaf

I 2 Radioactive Material

Isotope *	
Maximum activity *	
Date activity measured	
Form of material (sealed or unsealed) *	
Source manufacturer *	
Date of first issue of source	
Product code *	

I 3 For SEALED radioactive materials, provide the following details and attach a copy of the radioactive source certificate

Physical & chemical composition of the isotope *	
Serial number of source encapsulation	
Type of source encapsulation *	
Special Form Certificate number *	
Type of equipment employing sealed source * (refer to Table A below)	
Equipment manufacturer *	
Model of equipment *	
Manufacture date of equipment	
Serial number of equipment	
Tasmanian certificate of compliance number (source must have a current certificate of compliance to be used)	

Table A: Type of equipment employing radioactive material

Beta gauge	Portable mass gauge	Nuclear medicine assay/imaging/therapy
Density gauge	Mobile bore hole logging	Check source
Level gauge	Ion chamber smoke detector	Spot marker
On stream analysis probe	Static eliminator	Gamma irradiator
Belt mineral analyser	Mobile industrial radiography	Electron microscope
Bench top analyser	HDR brachytherapy afterloader	Scintillation counter
Mobile soil density & moisture gauge	LDR brachytherapy seed applicator	Microsphere injector
Mobile moisture profiler	Applicator	Gas chromatograph Ni-63 source
		Other (specify)

14 For UNSEALED radioactive materials

Tick appropriate box

- Liquid Gas Aerosol Solid

15 Acquisition details

Proposed acquisition date	
Supplier of equipment	
Supplier's Tasmanian radiation licence number	
Supplier of source	
Supplier's Tasmanian radiation licence number	
Service arrangements (if applicable)	

16 Registered place in Tasmania for radioactive material

If the place in Tasmania is to be utilised for the storage/use of the radioactive material has not already been registered for that purpose, then you will be required to complete an 'Application for Registration of a Place' and pay the prescribed fee, before the place is to be used for this purpose. "Bench top analysers", "Gas Chromatograph Ni-63 sources" and "Ion chamber smoke detectors" are exempt from this requirement.

Premises identification (location name or room number as per building plan or indicate "Various" if applicable – e.g. for service, repair, install)

Street address

Town/suburb

Postcode

Certificate of Registration number for this place (if available) AP /

17 Disposal details

Proposed method of disposal Tick appropriate box or boxes and provide attachment or details

For sealed sources: I have attached a copy of the return to manufacturer agreement

For unsealed radioactive materials, I provide the following details of the intended disposal pathway(s), including quantities eg Bq/specified time period:

discharge to sewer, namely.....

loss to environment, namely.....

disposal to landfill, namely.....

other, namely.....

18 Name(s) of currently licensed person(s) who will be dealing with the new radioactive material

Tick appropriate box and provide details as appropriate - may be individual names or 'category' as per table in Question 5

- All Other (specify)