APPENDIX 11

Template B11

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|  | **REPUBLIC OF MACEDONIA**  Radiation Safety Directorate |  |

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: CONTROL OF CONSIGNMENTS, LOAD AND BAGGAGE**

**1. Information on the entity submitting the request:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unique tax number : | |  | | | |
| Name of the legal entity: | |  | | | |
| Headquarters of the legal entity: | |  | | | |
| Telephone: |  | Fax: |  | E-mail: |  |
| Name and surname of the authorised person: Description of the post: | | |  | | |
| Name and surname of the person responsible for radiation protection: | | |  | | |

**2.Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3.Individuals involved in the activity:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and surname | Education | Ionising radiation protection training | Work experience |
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**4. Name of the natural person or legal entity responsible for equipment servicing:**

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**5. Use location and storage of the equipment:**

a) Name:

b) Address:

c) For stationary equipment:

Plan of the premises with specified location of the equipment, the surrounding premises and clearly indicated controlled and monitored zones.

d) For mobile equipment:

1. Indicate the location/s where control is to be performed, to be approved by the Radiation Safety Directorate. Please attach a map with indicated positions where control of consignments and load is to be performed with indicated controlled and monitored zones.
2. Please attach a plan of the location where the equipment is to be kept and information on the safety measures (alarms, physical security, etc.).
3. Please include information on transport (map of the route along which the mobile ionising radiation source is to be moved from the storeroom to the location where control is to be performed)

a. Vehicle information

b. Protective equipment

c. Indications for ionising radiation danger \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

|  |  |  |
| --- | --- | --- |
| Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |