APPENDIX 14

Template B14

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

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: OTHER PRACTICES WITH IONISING RADIATION SOURCES**

**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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please attach a copy of the ADR permit of the individuals that will handle the vehicle during the transport of radioactive sources

**4. Name of the natural person or legal entity responsible for equipment servicing:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Use location of the ionising radiation sources (to be completed for stationary devices):**

a) Name:

b) Address:

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

**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:**

**8. Information on the storage of the radioactive source devices when out of use (for mobile devices):**

As a constituent part of the Radiation protection programme, please attach a plan and data on the internal storeroom.

Location of the internal storeroom:

**9. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources (for mobile devices).

a. Vehicle information

b. Protective equipment

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

**10. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

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