

RADIATION PROTECTION COMMISSION

Sorbonne Centre Unit F22, Mosta Technopark, Mosta, MST3000, Malta Tel: 27998676 email: info.rpc@gov.mt t

Importing Agent Notification Form

Form is to be filled in and returned to the Radiation Protection Commision

GENERAL
TYPE OF NOTIFICATION
New notification
Amendment to existing authorisation number
PURPOSE OF NOTIFICATION
Setting up new Radiation Equipment Import business
Installation and/or maintenance of equipment (Cross out non relevant service)
Altering existing Import authorisation to include other type of Equipment
Altering existing Import authorisation to include Installing and Maintenance
Commencement of operation

Please indicate the type of practice to which this application relates

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I. GENERAL INFORMATION

ORGANISATION DETAILS

I-1. Name of Employer:

Organisation Address	
Telephone No	
Fax No.	
e-mail address:	

Note: The Radiation Protection Board will require notification prior to import of any equipment

I-2. The Legally Responsible Person:

Name:	Telephone No.
Position:	Fax No.
I.D. No	e-mail address

I-3. Type of work that may be carried out by employees

(a) Import of X-ray equipment	
(b) Import of sealed source	
(c) Installation	
(d) Maintenance	

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	Indicate briefly the nature and business of the radiation employer named in I-1 above:			
	Please complete relevant sheets II-1 and/or II-2:			
es:				
	Sheets II-1/or II-2 for shall be sent to the Commission for each import as soon as the organization receives an order, prior to ordering the equipment.			
	The organization shall also ensure that the ordering entity is duly authorized by the Commission to import the equipment.			
	Failure with the above will be a breach of regulations which could lead to loss of licence and/or legal proceedings.			
	Proposed date of commencement of the work activity:			
	Date			

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II. SIGNATURE AND CERTIFICATION

II.1 Declaration

The radiological risks associated with the import of the equipment mentioned in this notification, has been analysed in the attached risk assessment and the nature and magnitude of the risks to staff and other persons arising from the use of the equipment have been analysed.

Signature of the legally responsible person					
ID Card No.:					
Title:					
Date:					

Notes:

1. Based on the processing of this form, the Radiation Protection Commission may require additional information to fully consider this application prior to issuing an authorization.

2. In the event that all the above required information is not available at the time of application, the Radiation Protection Commission will only not issue an authorization to the applicant.

3 The Radiation Protection Commission will process your data in accordance with the principles of the Data Protection Act. We will not release any information held about you to third parties except where necessary for the fulfillment of this application. We may process your address, telephone, fax or e-mail details to contact you in connection with this application. Completion and submission of this application form signifies your consent to the processing of this data. Please contact us if you would like us to inform you about the personal data we hold about you or if you require such data to be corrected.

III SOURCES AND EQUIPMENT

III-1 X-RAY EQUIPMENT

N.B. : Please copy this sheet for each irradiating apparatus available.

In the case of each irradiating apparatus (X-ray unit), please state:

- (1) Manufacturer:
- (2) Model: Serial No: Date of Manufacture
- (3) (a) Maximum Voltage:(b) Maximum current:
- (4) Number of tubes per machine:
- (5) Whether the machine is fixed or mobile:
- (6) The proposed date of installation:
- (7) The country of origin of the x-ray equipment:
- (8) Standard(s) to which the x-ray equipment complies with:
- (9) Name and address of overseas agent / supplier:
- (10) Name and address of local purchaser:
- (11) If equipment is to be used for medical applications, attach copy of the EC Declaration of Conformity

III SOURCES AND EQUIPMENT

III-2 SOURCES

N.B. : Please copy this sheet for each irradiating apparatus available.

In the case of each source, please state:

(1)	Whether the source is sealed or unsealed	Sealed	Unsealed			
(2)	Manufacturer:					
Product or catalogue number:						
(3)	The country of origin of the source:					
(4)	The projected duration of use and the proposed fate of the source when it is no longer required:					
(5)	The radionuclide and the activity of the source at time of application:	Radionuclide Activity (MI Date of Man	Bq):			
(6)	The physical form of the source (solid liquid or gas):					
(7)	Standard(s) to which the radioactive source compliwith:	es				
(8)	Standard(s) to which the source holder and/or container that emits radiation complies with:					
(9)	Whether the source holder and/or container is portable or it will be used in a fixed position:					
(10	Model and , if available, Serial number of the sour holder and/or container:	rce				
(11)	Name and address of forwarder in the exporting country:					
(12)	Name and address of local purchaser:					