



RADIATION PROTECTION COMMISSION

Sorbonne Centre, Unit F22, Mosta Technopark, Mosta, Malta

SHIPMENT OF SEALED SOURCES BETWEEN THE MEMBER STATES OF THE EUROPEAN COMMUNITY

Form to be used pursuant Council Regulation No. 1493/93

NOTICE

- The consignee of sealed sources must complete boxes 1 to 5 and send this form to the Radiation Protection Board
- The Radiation Protection Board must fill in box 6 and return this form to the consignee
- The consignee must then send this form to the holder in the forwarding country prior to the shipment of the sealed sources
- All sections of this form must be completed and boxes ticked where appropriate

1 **THIS DECLARATION CONCERNS** ONE SHIPMENT (This form is valid until the shipment is completed unless otherwise stated in box 6)

Expected date of shipment (if available): _____

SEVERAL SHIPMENTS (This form is valid until three years unless otherwise stated in box 6)

2 DESTINATION OF THE SOURCE(S)

Name of consignee : _____

Person to contact : _____

Address : _____

Tel : _____ Fax : _____ email: _____

3 HOLDER OF THE SOURCE(S) IN THE FORWARDING COUNTRY

Name of holder : _____

Person to contact : _____

Address : _____

Tel : _____ Fax : _____ email: _____

4 DESCRIPTION OF THE SOURCE(S) INVOLVED IN THE SHIPMENT(S)

(a) Radionuclide(s)

(b) Maximum activity of individual source (MBq)

(c) Number of sources

(d) If this (these) sealed source(s) is (are) mounted in (a) machinery/device/equipment, short description of the machinery/device/equipment : _____

(e) Indicate (if available)

- national or international technical standard with which the sealed source(s) comply(ies) and certificate number _____

- date of expiry of certification : _____

- name of the manufacturer and catalogue reference: _____

5 DECLARATION OF THE AUTHORISED OR RESPONSIBLE PERSON

- I the consignee, hereby certify that the information provided in this form is correct.
- I the consignee, hereby certify that I am authorised or otherwise permitted to receive the source(s) described in this form.
- Authorisation or other permission number (if applicable) and validity date thereof : _____

- I the consignee, hereby certify that I comply with all the relevant national requirements, such as those relating to the safe storage, use or disposal of the source(s) described in this form.

Name: _____ Signature : _____ Date : _____

6 CONFIRMATION BY THE RADIATION PROTECTION BOARD THAT IT HAS TAKEN NOTE OF THIS DECLARATION

Name of authority Radiation Protection Commission

Address Sorbonne Centre, Unit F22, Mosta Technopark, Mosta, MST3000, Malta

Tel : 27998676 Fax : _____

This declaration is valid until _____

Authorising Officer _____

Stamp

Signature of Authorising Officer _____

Date: _____

