



## NOTIFICATION ON THE USE<sup>a</sup> OF RADIATION SOURCES<sup>b</sup>

This notification form has to be completed for new facilities or whenever there is a material change in the facility including new or scrapping of equipment, change in Legal person etc. Return completed form to the RPC.

### 1. Name of the technical person making the notification (Eg RPO, RPS, Legal Person):

Name	<input type="text"/>	Office Tel. No.:	<input type="text"/>
Position	<input type="text"/>	Mob.	<input type="text"/>
		e-mail	<input type="text"/>

### 2. Reason of notification: Ex: New facility, new/repair/scrapping equipment, import/export of sources, change of legal details, etc.

### 3. Facility details:

Facility Name:	<input type="text"/>
Address	<input type="text"/>

### 4. Is or will the work be carried out at any address other than given in above? Yes No

### 5. For New facilities, describe of the purpose(s) of the activity in which the radiation sources will be used: (Eg dental clinic, hospital, veterinary, industrial radiography etc. and brief outline of proposed activities)

### 6. Particulars of the radiation sources within the scope of this notification:

Note: If space is insufficient, please, complete and attach additional sheets with the information shown below. If a radiation source is not labeled,, provide any identifying information that may be available including copies of any relevant documents.

#### RADIOACTIVE SOURCES

Radionuclide (e.g. Ir-192)	Activity [Becquerels]	Form (unsealed, sealed, solid liquid, gas, etc.)	Country of Origin of source/s	Scope of Notification ex. import, export, storage, other.

#### ELECTRICAL DEVICES PRODUCING IONIZING RADIATION (e.g. X ray equipment, accelerators, cyclotrons, etc.)

Manufacturer	Model	Tube Serial number	Maximum Power (e.g. Kv, mA)	Scope of Notification ex. new, repair, scrap, storage, other.

#### NOTES:

a) "Use" means to possess, store, manufacture, sell, operate, import, and export or any other meaning given in the legislation.

b) "Radiation Source" means any radioactive substance and any electrical device that produces ionizing radiation when energized. It includes sources that the owner or the person in possession has reason to believe are, or should be, exempt from regulatory control. The Regulatory Body will rule on the exemption status of any particular source and inform the holder accordingly.

**7. Name of appointed Radiation Protection Expert:**

Name

Certificate No:

If Radiation Protection Expert is not engaged, give justification:

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**8 Proposed date of activity applied for by this notification**

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**9 Declaration**

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

SIGNATURE of the legally responsible person of the entity: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ I.D. No. \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**10 Required additional documentation with this form:**

- 1 Safety Assessment
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**Notes**

- 1 *This form will not be processed unless a written risk assessment is attached to this form.*
- 2 *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.*
- 3 *In the event that all the above required information is not available at the time of application, the Radiation Protection Commission may issue an authorization limiting the applicant to import, acquire, or store radiation sources, or construct facilities. Complete information will be required from the applicant prior to authorising the use of the radiation sources.*
- 4 *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*
- 5 *Return the completed and signed form to the RADIATION PROTECTION COMMISSION, Sorbonne Centre, Unit F22, Mosta Technopark, Mosta). No fee is required for notification.*