



RADIATION SAFETY ACT

FIRST APPLICATION FOR REGISTRATION

RADIOACTIVE SUBSTANCES

An application form is enclosed for the registration of premises and radioactive substances.

Registration applies to the premises where radiation is to be used as well as the types, form and quantities of the radioactive substances that are to be used or kept on those premises or at field sites.

Registrant:

The “Registrant” is the person (or persons) in whose name a certificate of registration has been issued by the Radiological Council as the ‘owner’ for a particular premises and prescribed x-ray equipment, radioactive substances and/or electronic products. For large organisations, the registrant may be a person holding a specified position (eg Manager, Registered Manager, Chief Executive Officer, Director of Medical Services, Head of Department, etc). For businesses or companies, the business partners or company directors may be the joint registrant. ***The application form must be signed by the Registrant.***

Radiation Safety Officer (RSO):

The applicant must provide full details of the qualifications, training and experience of the person nominated to hold this position. The nominee may be required to attend an appropriate radiation safety training course, pass an examination in radiation safety, and may be required to hold a licence as the person responsible for the use of radiation on the premises. The duties and responsibilities of the RSO are given in Regulations 18 and 19 of the Radiation Safety (General) Regulations). ***If the nomination is approved by the Radiological Council, the Registrant is required to inform the RSO of this appointment in writing.***

Source Inventory:

Please note new requirement

The applicant must provide full details of all radioactive sources that are to be used, stored or manufactured on the premises. For sealed sources a copy of the source certificate as provided by the manufacturer and photos of the device it is contained in must be provided for each source. Photos of the source device or container should clearly show the device design and any warning labels attached, multiple photos should be provided if necessary to achieve this.

If further assistance is required, please telephone (08) 9222 0888.



RADIATION SAFETY ACT 1975 **RADIOACTIVE SUBSTANCES** REGISTRATION FEES

The Tax Invoice table below should be completed and returned with your registration application. A copy should also be kept for your records.

Fee Exemption: The fee is **NOT** payable if you are a State Government organisation recognised by *Treasury* as 'non-chargeable' or you are applying for, or renewing, an Exemption from Registration. Hospitals are chargeable organisations.

Payment should be made to the Radiological Council by cheque, money order or credit card and should accompany the application.

FEE SCHEDULE

Radioactive Substances (Maximum Activity on premises)	Current fees	
	1 year fee	3 year fee
40 Gigabecquerels	\$ 280	\$ 560
400 Gigabecquerels	\$ 560	\$1120
4 Terabecquerels	\$1120	\$2240
> 4 Terabecquerels	\$1750	\$3500

* **NOTE:** If your application concerns one or more of the following **only**, the applicable fee is \$280 for 1 year or \$560 for 3 years.

- Sales and/or Service* You are only registering premises where devices containing radioactive substances are sold or serviced and their presence on the premises is temporary
- Mining and Milling of Radioactive Ores* You are registering premises used solely for the mining and milling of radioactive substances. If other radioactive substances are also used, stored, or dealt with on the premises, determine the fee from the Fee Schedule above based on the total activity of those substances. That fee is then the sole fee payable.
- Transport of Radioactive Substances (Storage)* You are registering premises where radioactive substances are stored temporarily during transport. Registration is NOT required for storage for less than 24 hours, provided a licensed person is responsible.

TAX INVOICE FEES ARE GST-FREE

Total Maximum Activity	1 year registration	3 year registration	GST	TOTAL
	\$	\$	N/A	\$

Please return the application form WITH the payment. For continuity, a renewal application MUST be received BEFORE the expiry date (section 37(2) of the Radiation Safety Act)



PAYMENT FORM

The details you provide on this page are for the payment and receipt for your application only. Use the application form to amend any other details.

Ensure that the details provided are complete, correct and legible, and that you have sufficient funds to avoid payment being delayed or denied.

Your payment will be processed immediately upon the application being received and a receipt will be issued at this time. The processing of your application will then commence.

SUBMIT ONE PAYMENT FORM PER APPLICATION

Complete a separate payment form for each application and submit **with your application** to:

Mail: The Secretary, Radiological Council
Locked Bag 2006 Nedlands WA 6009

Email: radiation.licensing@health.wa.gov.au

For assistance please call +61 8 9222 0888.

Retain a copy of this page for your own records

Name of applicant			
Mailing address for receipt	<input type="checkbox"/> Same as application; or <input type="checkbox"/> As provided below		
	Suburb:	State:	Postcode:
	Country (if not Australia):		

Application type (select one)	Licence or registration number (or indicate if new application)	Fee to be paid (calculate from tax invoice page)
<input type="checkbox"/> Licence <input type="checkbox"/> Registration <input type="checkbox"/> Temporary Permit	<input type="checkbox"/> Renewal application for: ____ / ____ <input type="checkbox"/> New application	\$

Cheque enclosed Make cheques payable to the *Radiological Council*.

Cheque number: _____ Financial institution / bank: _____

OR

Charge my Visa or MasterCard Emailing credit card details is not recommended; for payment over the phone please select an option below.

Phone payment I will call your office to provide credit card details

Please call me for payment Contact number: _____

Should you wish for your payment to be processed on or after a specific date, please specify: _____

Cardholder's name:
(Name on card) _____

Cardholder's signature:
(Signature on card) _____

Card expiry Date:
(MM/YY)

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Credit card number:

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OFFICE USE ONLY – PHONE PAYMENT

Name of caller: _____ Date: _____

Officer taking payment (name and signature): _____

RADIATION SAFETY ACT 1975

INITIAL APPLICATION FOR REGISTRATION¹ OF PREMISES in which RADIOACTIVE SUBSTANCES are to be used, stored or manufactured

Complete **BOTH** this application and the supplementary form. Return forms with the fee (see Note (c)).
Where space is insufficient for any item, attach additional signed sheets.

1. **Name and Mailing Address of the Applicant.** (See Note (a)). *Renewal notices will be sent to this address*

Name	<input style="width: 95%;" type="text"/>	Tel	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mailing Address	<input style="width: 95%;" type="text"/>	ACN	<input style="width: 95%;" type="text"/>	
		e-mail	<input style="width: 95%;" type="text"/>	

2. **Location of the Premises Subject to Registration**

3. **Occupation, nature of business, etc.**

4. **Name, qualifications and experience of the person nominated to be the Radiation Safety Officer** *(This person's duties and responsibilities are given in Regulations 18 and 19 of the Radiation Safety (General) Regulations). Please give the nominee's title, first name, next initial, last name and date of birth.* *This information helps in correctly identifying records.*

5. **Names, qualifications and experience of persons licensed or otherwise authorised to deal with the radioactive substances.** *Please complete the details on the attached SUPPLEMENTARY form.*

6. **Purpose(s) for which the radioactive substances are to be used or manufactured.**
Please complete the details on the attached SUPPLEMENTARY form.

7. **Particulars of the radioactive substances to be used, stored or manufactured on the premises.**
Please complete the details on the attached SUPPLEMENTARY form.

Please provide answers to Items 8 - 12 on a separate signed sheet

8. For radioactive substances obtained regularly, state the quantity in each shipment and the frequency of supply.
9. What radiation monitoring instruments are available on the premises and what arrangements have been made for radiation monitoring of personnel?
10. State the nature and proposed method of disposal of radioactive waste or of sealed sources which are no longer required.
11. What protective equipment is available and what handling techniques are proposed for the radioactive substances?
12. What is the location of the storage facility and of what is it constructed? Is it used for any other purpose?

NOTES:

- a) The 'owner' of the premises (the applicant) is defined in the Act to include the hirer, lessee, borrower, bailee, mortgagee in possession and any attorney, agent, manager, foreman, supervisor, or other person in charge or having control or management thereof, and any person acting or representing himself to be acting for the owner.
- b) A **SCALE PLAN** of the premises must be provided with the application showing the location where the radioactive substances are to be used, manufactured or stored. The plan must show the purpose of all adjacent areas and the nature of the construction materials. For unsealed substances, additional information on waste lines, laboratory facilities, surface finishes and ventilation is also required.
- c) The fee schedule and payment form are attached. (Exemptions from Registration are exempt from fees).

ENQUIRIES: Phone 08 9222 0888 or email radiation.licensing@health.wa.gov.au

Return the signed form, supplementary documents and payment form to:

Mail Radiological Council, Locked Mail Bag 2006, P O Nedlands WA 6009
Email radiation.licensing@health.wa.gov.au (do not email credit card details)

This application cannot be processed without being signed by the person in whose name the premises are to be registered. The responsibilities of that person (and the RSO) are set out in the Act and the regulations.

NAME of Applicant _____

POSITION of Applicant _____

SIGNATURE of Applicant _____

Date _____

Office use: Fee Paid	<input style="width: 95%;" type="text"/>	Receipt No	<input style="width: 95%;" type="text"/>	Period	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
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¹ and/or Exemption from Registration

NAMES of PERSONS LICENSED to handle or otherwise deal with the radioactive substances

LAST NAME	FIRST NAME(s)	TITLE	POSITION HELD	LICENCE NUMBER

RADIOACTIVE SUBSTANCES

NUCLIDE (eg ⁶⁰ Co)	SOURCE SERIAL No. ^a	FORM	MAXIMUM ACTIVITY on PREMISES or activity in each device listed	PURPOSE or USE	LOCATION on PREMISES	DEVICES OR EQUIPMENT WHICH CONTAIN THE RADIOACTIVE SUBSTANCES (where applicable)				Special Form Certificate and Photo attached
						MANUFACTURER	MODEL	SERIAL No.	URANIUM (kg) ^b	

^asealed sources

^bwhere depleted uranium is used as radiation shielding

SOURCE CERTIFICATE AND PHOTOGRAPH FOR EACH SEALED SOURCE ATTACHED: YES NO N/A (for unsealed substances)

Please note new requirement