



RADIATION SAFETY ACT
FIRST APPLICATION FOR REGISTRATION
IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

An application form is enclosed for the registration of premises and irradiating apparatus and/or prescribed electronic products (transilluminators, class 4 lasers, single pulsed class 3B lasers and class 3B lasers with average output power greater than 5 mW).

Registration applies to the premises where the apparatus and/or electronic products are to be used as well as to each device that may be used or kept on those premises or on field sites. The applicant must provide an inventory on the supplementary form of the apparatus and/or products as well as the names, qualifications and relevant training of persons who will be using the apparatus and/or products.

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. ***If the nomination is approved by the Radiological Council, the Registrant is required to inform the RSO of this appointment in writing.*** Separate RSOs may be nominated for x-rays, lasers and transilluminators.

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



RADIATION SAFETY ACT 1975
IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS
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

<u>TOTAL NUMBER*</u> of Irradiating Apparatus and/or Electronic Products	Current fees	
	1 year fee	3 year fee
2 or less	\$ 280	\$ 560
3 to 5	\$ 560	\$1120
6 to 10	\$1120	\$2240
11 or more	\$1750	\$3500

*** NOTES**

1. Please ensure the TOTAL NUMBER* of irradiating apparatus and/or electronic products includes any equipment you may have registered for storage only.
2. If your application concerns *Sales and/or Service* only, the applicable fee is \$280 for 1 year or \$560 for 3 years.

TAX INVOICE
FEES ARE GST-FREE

<u>TOTAL NUMBER*</u> of Apparatus and Products	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

IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS operated or used therein

Complete **BOTH** this application and the supplementary form. Return both signed 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		Tel		
Mailing Address		ACN		
		e-mail		

2. Location of the Premises Subject to Registration

3. Type(s) of irradiating apparatus and/or electronic products to be operated or used on the premises

Tick the boxes which are relevant to the application

- X-ray
- Laser
- Transilluminator
- Other → Describe other _____

4. Particulars of the Irradiating Apparatus and/or Electronic Products.

Please complete all details on the SUPPLEMENTARY form.

5. Purpose(s) for which the irradiating apparatus and/or electronic products are to be used:

Please complete all details on the SUPPLEMENTARY form.

6. 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.*

7. Names, qualifications and experience of persons licensed or otherwise authorised to operate or use the irradiating apparatus and/or electronic products. *Please complete the details on the SUPPLEMENTARY form.*

8. Radiation monitoring instruments available on the premises.

(Irradiating apparatus only)

9. Arrangements made for radiation monitoring of personnel. (Name of service provider)

(Irradiating apparatus only)

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(s) where the apparatus and/or products are, or are to be, installed or normally used, the purpose of all adjacent areas, the nature of the construction materials and the location and dimensions of any protective barriers for operators (irradiating apparatus only).
- 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 (See Note a) _____

POSITION of Applicant _____

SIGNATURE of Applicant _____

Date _____

Office use: Fee Paid		Receipt No		Period		Date	
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¹ and/or Exemption from Registration

SUPPLEMENTARY FORM

Copy this form if space is insufficient or provide a separate list

DETAILS of IRRADIATING APPARATUS^a and/or ELECTRONIC PRODUCTS^b

MANUFACTURER	MODEL	SERIAL NUMBER (control)	OUTPUT (see Item c)	PURPOSE (see Item d)	LOCATION ON PREMISES

^a **X-ray and other equipment** intended to produce ionising radiation by electrical means

^b **Prescribed electronic products** include Class 4 lasers, Class 3B lasers with an average output power greater than 5 mW, single pulsed Class 3B lasers and UV emitting transilluminators.

Ultrasound devices are not prescribed under the Act and **do not have to be registered.**

DETAILS of PERSONS using or operating the APPARATUS or PRODUCTS

LAST NAME	OTHER NAMES	TITLE	QUALIFICATIONS RELEVANT TO THIS APPLICATION	LICENCE OR EXEMPTION NUMBER (WHERE APPLICABLE)

^c **For x-ray equipment**, state the maximum rated kilovoltage (kVp) and milliamperage (mA).

For electronic products, state the output power and wavelength (or frequency)

^d **For dental x-ray equipment**, state whether intraoral, panoramic, cephalometric.

For medical, state whether mobile or fixed radiography or fluoroscopy, CT, mammography, DSA, superficial radiotherapy, etc.

For non-medical, state whether x-ray analysis, industrial radiography, cabinet x-ray, etc.

For lasers, state whether surgical, ophthalmic, industrial, entertainment, etc.