

RADIATION PROJECT NOTIFICATION FORM

This form is to be completed for each new project or change to an existing project (e.g. use of a new radioisotope, significant change in quantities or a new location). Forward the completed form to the Occupational Health and Safety Section, via the Department Radiation Supervisor, for approval.

Principal researcher:	School / Department:	Telephone:												
Qualifications and experience:														
Other personnel working under the supervision of the above:														
Project title or description:														
Commencement and duration of project:														
Does the project involve: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">▪ Irradiation of humans or animals for medical or research purposes</td> <td style="border: none; text-align: right;">No []</td> <td style="border: none; text-align: right;">Yes []</td> </tr> <tr> <td style="border: none;">▪ Transport off-campus of radioactive sources</td> <td style="border: none; text-align: right;">No []</td> <td style="border: none; text-align: right;">Yes []</td> </tr> <tr> <td style="border: none;">▪ Environmental release of radioactive substances</td> <td style="border: none; text-align: right;">No []</td> <td style="border: none; text-align: right;">Yes []</td> </tr> <tr> <td style="border: none;">▪ Radiation work at another institution or organisation</td> <td style="border: none; text-align: right;">No []</td> <td style="border: none; text-align: right;">Yes []</td> </tr> </table>			▪ Irradiation of humans or animals for medical or research purposes	No []	Yes []	▪ Transport off-campus of radioactive sources	No []	Yes []	▪ Environmental release of radioactive substances	No []	Yes []	▪ Radiation work at another institution or organisation	No []	Yes []
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▪ Environmental release of radioactive substances	No []	Yes []												
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If yes, provide details:														
List all radiation sources to be used: <i>Irradiating apparatus:</i> List the apparatus type, manufacturer and maximum output (e.g. mA and kV) <i>Sealed radioactive sources:</i> List the sources, supplier, activity and reference date <i>Unsealed isotopes:</i> List the sources, supplier, chemical and physical form, the maximum activity held at any one time and the activity to be purchased per year														
Locations where sources will be stored and used: For more than one location, indicate which is the main location														
Radiation monitor: Type, model and serial number and location														
Principal Researcher: Name:	Signed:	Date: / /												
Department Radiation Supervisor: Name:	Signed:	Date: / /												