Application for an Approval of an Apparatus

It is suggested that you contact Radiation Health on ph: 07 3328 9987 or email Radiation_Health@health.qld.gov.au for advice prior to submitting your application.

1. Name of Applicant (eg. corporation, individual)

2. Contact Details
   Name of contact person:
   Address:
   Telephone: Facsimile: Email:

3. Type of apparatus to be assessed
   □ Ionising Radiation Apparatus (ie. X-ray unit)
   □ Sealed Source Apparatus

4. Details of apparatus to be assessed

<table>
<thead>
<tr>
<th>Manufacturer:</th>
<th>Make:</th>
<th>Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For ionising radiation apparatus:</td>
<td>max kilovoltage (kVp):</td>
<td>max current (mA):</td>
</tr>
<tr>
<td>For sealed source apparatus:</td>
<td>radioisotope:</td>
<td>max activity (MBq):</td>
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</table>

5. The apparatus to be assessed may be broadly categorised as follows:

   - **Ionising radiation apparatus**
     - □ Analytical X-ray unit
     - □ Hand held XRF analytical X-ray unit
     - □ Industrial X-ray gauge
     - □ Industrial radiography X-ray unit
     - □ Cabinet X-ray unit
     - □ Other, please specify:_______________________________________________________

   - **Sealed source apparatus**
     - □ Borehole logging tool
     - □ Portable density/moisture gauge
     - □ Industrial radiation gauge
     - □ Industrial radiography unit
     - □ Product irradiator

**Please attach:**
Full technical specifications and drawings of the apparatus
Demonstration that the apparatus complies with the applicable national Code of Practice or Statement. Detailed responses to each test in the Code of Practice or Statement should be submitted, with supporting technical documentation.
Details of the radiation levels around the apparatus when it is in use

*Failure to supply the above information may result in delays*

**Please send to:**
Assistant Director, Radiation Health Unit
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

Signature of Applicant ______________________  Date ______________________

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