Application for approval to dispose of radioactive material

Please read the following instructions before completing this form as incorrect completion of this form will result in delays.

1. Page 1 of the application form must be completed in all respects. The applicant’s details including the name of the applicant, the applicant’s possession licence number and the expiry date of the applicant’s possession licence may be found on the applicant’s possession licence.

2. The applicant should decide how and where the department should send the form once a decision has been made on the application. These details must be specified in response to item 4 on the covering page of the application form.

3. In the response to question 7, the applicant must demonstrate by reasoned argument:

   (a) that no person will receive greater than 300µSv a year as a consequence of the disposal, and

   (b) that there is no way of dealing with the material that is more conducive to ecological health or public amenity or safety.

4. Responses to the questions on pages 1 and 2 may require additional information to be supplied, or documentary evidence as considered necessary. Any additional information provided should be referenced on the application form, appropriately annotated for identification and included with the application.

5. The holder of an approval to dispose of radioactive material is required to give the Chief Executive written notice that the disposal had happened within 7 days after completion of the disposal.

CHECK LIST

☐ Supporting documentation is attached (Refer to Q4 and 7)
☐ The prescribed application fee is enclosed
☐ All questions have been responded to
☐ The application form (2 pages) is signed and dated

RETURN COMPLETED FORM TO:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Unit
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006

ENQUIRIES
Email: radiation_health@health.qld.gov.au
Phone: (07) 3328 9310

Note to Applicant:
The Information Privacy Act 2009 sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.
Please read the instructions before completing this form. Incorrect completion of this form will result in delays.

To the Chief Executive:

1. Name of Applicant (Name of the individual, corporation or the name of the possession licensee):

2. Applicant’s possession licence number (If applicable):

3. How does the applicant wish this form to be returned? (Please complete only one of the alternatives below.)

   Email address for return of this form:

   Postal address for return of this form:

4. Has the applicant held an approval to dispose under this Act, or a similar instrument under a corresponding law that was suspended or cancelled? Yes  No

   (If yes, please attach details.)

5. Applicant’s reason for wanting to dispose of the radioactive material.

6. Description of the radioactive material for which the approval to dispose is required. (Complete details on the following page).

7. The applicant must attach an explanation as to how the disposal will impact on people and the environment. (Refer to the attached notes for information as to how to prepare the explanation.)

8. Period during which the disposal is to take place.

Signature of Applicant: __________________________ Date: __________________________

(or contact person, if a corporate applicant) Please turn over ➔

OFFICE USE ONLY APPROVED / NOT APPROVED

Delegate of the Chief Executive Date

This approval expires on ____/____/____

If not approved, reason for non approval (Information Notice for the purpose of s62(2) of the Act):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Details entered or updated by: __________________________
Particulars of the radioactive material to be disposed of.

A. Description of the radioactive material

B. Main radionuclide(s) in the radioactive material

C. Physical form of the radioactive material

D. Description of how, or the extent to which, the radionuclide(s) are distributed throughout the radioactive material

E. Chemical form of the radioactive material

F. Total activity of each radioisotope in the radioactive material to be disposed of.

G. How is the radioactive material to be disposed of? Specify whether the material is to be disposed of into the air, water, sewerage system or other.

H. Proposed activity concentration of each radioisotope in the radioactive material to be disposed of at the point of discharge.

Signature of Applicant: ___________________________ Date: ________________________
(or contact person, if a corporate applicant)
Fees to accompany application

Payment of fees
(Please note that this application will not be complete unless the appropriate fee is included when the application is made.)

The fee payable with this application is $412.50

Payment information  (Note: This is a GST free item. Queensland Health ABN: 66 329 169 412)

☐ Cheque or Money Order enclosed (payable to Queensland Health)

☐ Payment by Credit Card  (Please complete the “Credit Card Payments” section below.)

Note for the applicant—Application for Approval to Dispose of Radioactive Material:

The $412.50 application fee is not refundable if this application is not successful.

Credit Card payments
(Complete this section if you wish to pay the fees for this application by MasterCard or Visa Card.)

Name of Applicant  (The name stated here should be the same as the name stated in section 1 on the application form.)

Please charge the fees payable $ to my ☐ MasterCard ☐ Visa Card

Name on card  (Please print)

Card Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Expiry Date ☐ ☐ / ☐ ☐

Signature of cardholder  Date