

Application for approval to acquire a sealed radioactive substance

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

1. The covering page, page 1, 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. The applicant must provide the details of the sealed radioactive substance the applicant wishes to acquire and the details of where it is to be stored, where it is to be used and the purpose for which it is to be used.

Please note that a separate page must be completed for each different radionuclide the applicant is seeking approval to acquire.

4. Details of how the applicant intends to eventually dispose of the radioactive substance must be provided.
5. Details of who is to supply the radioactive substance to the applicant must be provided.
6. The total number of pages in the application must be specified on the covering page and each page must be numbered, signed and dated by the applicant. This page need not be attached to the application form submitted.
7. The applicant must provide the following documentation in support of the application:
 - (a) a copy of the Assessment Report for the premises where the sealed radioactive substance is to be stored; and
 - (b) a copy of the sealed radioactive source certificate, provided by the manufacturer, which details the serial number, ISO or ANSI classification and competent authority special form certificate number; and
 - (c) a copy of the written agreement from the proposed eventual recipient that the proposed disposal arrangement will be acceptable when the radioactive substance is no longer required.

Please note that your application may not be accepted without the above information.

8. If a decision has been made to grant the application and the form indicating the Chief Executive's approval for the acquisition to proceed has been returned to the applicant, the applicant should provide the prospective supplier of the radioactive substance with a copy of the form as verification that the supply of the radioactive substance may proceed.

Notice to the applicant—Application for Approval to Acquire a Sealed Radioactive Substance:

- (a) A person must not acquire a radioactive substance unless the person is the holder of both a possession licence and an approval to acquire the radioactive substance.
- (b) A person must not supply a radioactive substance to another person unless the other person is the holder of both a possession licence and an approval to acquire the radioactive substance.
- (c) Unless otherwise requested by the applicant, an approval to acquire a sealed radioactive substance will be given a term of one month.
- (d) A person must not dispose of radioactive material unless the concentration or activity of the radionuclide in the material is not more than the maximum concentration or activity prescribed in the Regulation, or the person holds an approval to dispose.
- (e) If a person disposes of a radioactive substance under an approval to dispose, the person must give the Chief Executive written notice of the disposal within 7 days after the disposal.
- (f) Approval of this application does not imply that the applicant is authorised to use the radioactive substance.
- (g) The premises in which the radioactive substance is to be stored must be in compliance with the relevant radiation safety standard.
- (h) The premises in which the radioactive substance is to be used must be in compliance with the relevant radiation safety standard.
- (i) A sealed source apparatus may only be used if it is in compliance with the relevant radiation safety standard.
- (j) A possession licensee must only allow a radiation source to be used to carry out a practice if the person using the source is the holder of an appropriate use licence.
- (k) A person who is in possession of a radioactive substance for the purpose of carrying out a radiation practice must have an approved radiation safety and protection plan.
- (l) This instruction page need not be included when making an application for approval to acquire a sealed radioactive substance.

Application for Approval to Acquire a Sealed Radioactive Substance



Please read the instructions before completing this form.
Incorrect completion of this form will result in delays.

PAGE 1

To the Chief Executive:

1. Name of Applicant *(name of the possession licensee as stated on the possession licence.)*

2. Applicant's possession licence number: _____

3. Expiry date as stated on the possession licence: _____

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

Facsimile number for return of this form: _____

Postal address for return of this form: _____

5. Description of the radioactive substance for which the approval is required *(complete details over)*

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

7. How many pages are in this application? *(Please number all pages where indicated.)* _____

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

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 on the page attached to this form)*

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):*

Particulars of the sealed radioactive substance the applicant wishes to acquire *(All sections on this page must be completed.)*

A. Radionuclide *e.g. Cs137* Chemical form *e.g. CsCl*

B. Activity (MBq) Date of Measurement

C. Manufacturer of the sealed radioactive substance *e.g. Amersham*

D. Serial number of the sealed radioactive substance *e.g. 2545LM*

E. ISO 2919 Classification of the sealed radioactive substance *e.g. C63441*

F. Competent authority special form certificate number *e.g. GB / 144 / S*

G. Details of the sealed source apparatus into which the sealed radioactive substance is or is to be incorporated:

Manufacturer of the sealed source apparatus *e.g. Amdel*

Model of the sealed source apparatus *e.g. AM282*

Serial number of the sealed source apparatus *e.g. 12345*

H. Details of the location at which the sealed radioactive substance is to be stored:

Premises details *(Specify the location at which the sealed radioactive substance is to be stored; e.g. Room 1, Level 3, Joseph Bloggs Building, 233 Railway Street, Plumville, Qld.) :*

Certificate of compliance details for the premises *(Specify the compliance certificate number and date of the last compliance certificate for the premises at which the sealed radioactive substance is to be stored.)*

I. Details of the proposed use of the sealed radioactive substance:

Radiation practice / Practice category *(Please refer to the attached page.)*

Where is the sealed radioactive substance to be used? *(e.g. Room 6, Level 8, Joseph Bloggs Building, 233 Railway Street, Plumville, Qld.) :*

J. Name and address of individual/company who is to supply the sealed radioactive substance

K. Particulars of how the applicant proposes to eventually dispose of, relocate, sell or give away the radioactive substance *(If insufficient space, please attach additional information)*

Signature of Applicant: _____ Date: _____
(or contact person, if a corporate applicant)

Radiation practice / practice category for health related radioactive substances

01. Diagnostic and therapeutic nuclear medicine
02. Diagnostic nuclear medicine
03. Therapeutic nuclear medicine
04. Pathology
05. Radiation therapy—brachytherapy
06. Radiation therapy—brachytherapy of eye lesions
07. Radiation therapy—brachytherapy of skin lesions
08. Diagnostic and therapeutic veterinary nuclear medicine
09. Diagnostic veterinary nuclear medicine
10. Therapeutic veterinary nuclear medicine
11. Veterinary radiation therapy—brachytherapy
12. Product irradiation
13. Radioisotopic labelling of chemicals for research or biological investigations
14. Possession only - storage
15. Possession only - storage as waste
16. Research as approved on a case-by-case basis—please specify: _____
17. Teaching / education—please specify: _____
18. Other—please specify: _____

Radiation practice / practice category for non-health related radioactive substances

19. Borehole logging
20. Calibration/reference—flood source for calibration of gamma camera
21. Calibration/reference—patient dose calibrator
22. Calibration/reference—consistency check for survey meter
23. Calibration/reference—calibration
24. Chemical and physical analysis—discrete chemical measurements
25. Chemical and physical analysis—discrete density measurements
26. Chemical and physical analysis—discrete moisture measurements
27. Compliance testing—testing of equipment
28. Compliance testing—testing of premises
29. Industrial gauging—continuous measurements
30. Industrial gauging—detection of liquid levels in fire extinguishers
31. Industrial radiography—industrial radiography
32. Industrial radiography—computer-based inspection of corrosion in pipes
33. Industrial radiography—tracking and control of X-ray pipeline crawlers
34. Maintenance, repair or commissioning
35. Maintenance or repair
36. Commissioning
37. Manufacture of radiopharmaceuticals—please specify: _____
38. Manufacture of sealed radioactive substances—please specify: _____
39. Possession for the purpose of storage only
40. Possession for the purpose of storage as waste
41. Possession for the purpose of sale
42. Product irradiation
43. Radioisotopic labelling of chemicals for research or biological investigations
44. Radioisotopic investigation as approved on a case-by-case basis
45. Research as approved on a case-by-case basis—please specify: _____
46. Teaching / education—please specify: _____
47. Other—please specify: _____

Signature of Applicant: _____ Date: _____
 (or contact person, if a corporate applicant)

Client Number:

Fees to accompany application

Fee payable with this application: \$32.00

(The fee is not payable by State Government Departments)

Note: The fee is not refundable if this application is not successful.

Credit Card payments

(This section need only be completed if the applicant wishes to pay the fee payable with this application by Mastercard, Bankcard or Visa Card. Do not detach this section.)

Name of Applicant *(The name stated here should be the same as the name stated in Question 1 on page 1 of this form)*

Please charge the fees payable \$ to my Mastercard Bankcard Visa Card

Card number Expiry date /

Name on card *(Please print)*

Signature of cardholder Date

CHECK LIST

- Supporting documentation is attached, if necessary
- The prescribed application fee is enclosed
- The correct and full applicant details have been provided
- All questions have been responded to
- All pages in the application are numbered, signed and dated

ENQUIRIES

Email: radiation_health@health.qld.gov.au

Phone: (07) 3328 9987 **Fax:** (07) 3328 9622

RETURN COMPLETED FORM TO:

The Licensing Officer

Radiation Health Unit

Physical Address:

15 Butterfield Street

HERSTON QLD 4006

Postal Address:

PO Box 2368

FORTITUDE VALLEY BC QLD 4006

THIS FORM IS TO BE COMPLETED IF THE APPLICANT FOR AN ACT INSTRUMENT IS AN INDIVIDUAL OR HAS A NOMINATED PERSON

Important Information

1. Where applicable, attach supporting documentation to support a name change.
2. 'Act instrument' means a licence, accreditation certificate, radiation safety officer certificate or approval.
3. If the application for an Act Instrument relates to a security enhanced source, this form must be completed by the Nominated Person (i.e. the person who has been appointed to oversee the security of the security enhanced source).

Applicant Details

Surname:

Given name(s):

Date of Birth: / /
(dd/mm/yyyy)

Residential Address

Address:

Suburb:

State: Post Code:

Postal Address (if same as residential address, write 'AS ABOVE')

Address:

Suburb:

State: Post Code:

Information to be Submitted

You are required to provide two documents which prove your identity as follows:

1. one **certified** copy of a document from the attached list of Primary Identity Documents; and
2. one **certified** copy of a document from the attached list of Secondary Identity Documents.

'Certified copy' means a copy of an original document that has been certified by a **justice of the peace or a notary public** as being a correct copy of the original document.

Note: The proof of identity documents **will not** be accepted if the:

- copies have been certified by a person other than a justice of the peace or notary public; or
- copies have been certified by a Commissioner for Declarations as defined in Queensland's *Justices of the Peace and Commissioners for Declarations Act 1991*; or
- copies are not the originally signed certified copies (faxed or emailed copies of certified copies **will not** be accepted).

Declaration by Applicant

I declare that the information I supplied in this form is complete, truthful and correct in every detail.

Signature of Applicant Date

Declaration by Witness

I declare I am satisfied that the applicant who signed this form is the person mentioned in the documents I have certified.

Signature of Justice of the Peace or Notary Public Date
(Note: Certification from a Commissioner for Declarations **will not** be accepted)

ATTACHMENT TO PROOF OF IDENTITY FORM

PRIMARY IDENTITY DOCUMENTS

1. Australian birth certificate
2. overseas birth certificate accompanied by a passport or Australian visa document issued by the Commonwealth Department of Immigration and Citizenship
3. document of identity recognised by the Commonwealth Department of Immigration and Citizenship
4. Australian passport that is current or has not been expired for more than 2 years
5. current foreign passport
6. document evidencing Australian citizenship issued by the Commonwealth Department of Immigration and Citizenship
7. Australian driver's licence that is current or has not been expired for more than 2 years

SECONDARY IDENTITY DOCUMENTS

1. current identification card issued by the Commonwealth or State as evidence of the person's entitlement to a financial benefit—examples include seniors health card, health care card, Medicare card, pensioner concession card or entitlement card issued by the Department of Veteran's Affairs
2. current account card or credit card, issued by a financial institution, that contains the person's name and signature
3. account statement issued by a financial institution within the previous year
4. document evidencing discharge from military service within the previous 2 years
5. student identification card containing the person's photograph and signature that is current or has not been expired for more than 2 years
6. document evidencing enrolment in an educational institution within the previous 2 years
7. document evidencing electoral enrolment within the previous 2 years
8. utilities account statement issued by a utilities provider within the previous year
9. notice of land valuation, water rates or council rates issued within the previous year