FORM 16: 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. 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 page 1 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 name, telephone number and email address of the person who may be contacted in relation to the application must be provided in item 7 on page 1 of the application form.

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.

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.
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.

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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

RETURN COMPLETED FORM TO:

The Chief Executive
c/- Radiation Health Licensing
Health Protection Branch
Queensland Department of Health
PO Box 2368
FORTITUDE VALLEY BC QLD 4006
or
Facsimile: 07 3328 9622
or
Email: licensing@health.qld.gov.au
(for payments via B-Point only—including receipt)
RADIATION SAFETY ACT 1999
Application for Approval to Acquire a Sealed Radioactive Substance

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.)
   - Email address 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. Contact details of the person who may be contacted in relation to the application:
   - Name
   - Telephone Number
   - E-mail Address

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):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Details entered or updated by: __________________________
### Particulars of the sealed radioactive substance the applicant wishes to acquire

*(All sections on this page must be completed.)*

<table>
<thead>
<tr>
<th>A. Radionuclide</th>
<th>e.g. Cs137</th>
<th>Chemical form</th>
<th>e.g. CsCl</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Activity (MBq)</td>
<td>Date of Measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Manufacturer of the sealed radioactive substance</td>
<td>e.g. Amersham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Serial number of the sealed radioactive substance</td>
<td>e.g. 2545LM</td>
<td></td>
<td></td>
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<tr>
<td>E. ISO 2919 Classification of the sealed radioactive substance</td>
<td>e.g. C63441</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Competent authority special form certificate number</td>
<td>e.g. GB / 144 / S</td>
<td></td>
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<tr>
<td>G. Details of the sealed source apparatus into which the sealed radioactive substance is or is to be incorporated:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Manufacturer of the sealed source apparatus</td>
<td>e.g. Amdel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model of the sealed source apparatus</td>
<td>e.g. AM282</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial number of the sealed source apparatus</td>
<td>e.g. 12345</td>
<td></td>
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<tr>
<td>H. Details of the location at which the sealed radioactive substance is to be stored:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Premises details</td>
<td><em>(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.):</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of compliance details for the premises</td>
<td><em>(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.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Details of the proposed use of the sealed radioactive substance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation practice / Practice category</td>
<td><em>(Please refer to the attached page.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where is the sealed radioactive substance to be used?</td>
<td><em>(e.g. Room 6, Level 8, Joseph Bloggs Building, 233 Railway Street, Plumville, Qld.)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Name and address of individual/company who is to supply the sealed radioactive substance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Particulars of how the applicant proposes to eventually dispose of, relocate, sell or give away the radioactive substance</td>
<td><em>(If insufficient space, please attach additional information)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Applicant: ___________________________  Date: ___________________________

(or contact person, if a corporate applicant)
Radiation practice/practice category for radioactive substances (health related purposes)

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 radioactive substances (non-health related purposes)

19. Borehole logging
20. Calibration/reference—flood source for calibration of gamma camera
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)
Fees to accompany application

This fee is effective as of 1 October 2019.

Fee payable with this application: $41.50
(The fee is not payable by State Government Departments)

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

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

Note: Your application will not be accepted unless payment is provided.

Payment of your application may be via one of the following options:

- **Cheque or Money Order** *(payable to Queensland Health)* — attach to your completed application
- **Credit Card** — complete the ‘Credit Card Payments’ section below and submit with your completed application

Applicants applying to renew a licence or renew a certificate, or who are applying for approval to acquire or an approval to relocate a radiation source may also pay by credit card via:

- **B-Point** — pay online at www.bpoint.com.au/payments/qldradiationlicences — submit a copy of your BPPoint Payment Receipt with your completed application

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Credit Card Payments

**IF YOU ARE COMPLETING THIS SECTION, DO NOT EMAIL THIS PAGE AS SECURITY OF YOUR CREDIT CARD INFORMATION CANNOT BE ASSURED**

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)*

Signature of cardholder _____________________________ Date ___________

Card number _____________________________ Expiry date □□ / □□