**APPENDIX 6**

**Template B6**

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|  | **REPUBLIC OF MACEDONIA**  Radiation Safety Directorate |  |

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: DENTAL X-RAY**

**1. Information on the entity submitting the request:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unique tax number : | |  | | | |
| Name of the legal entity: | |  | | | |
| Headquarters of the legal entity: | |  | | | |
| Telephone: |  | Fax: |  | E-mail: |  |
| Name and surname of the authorised person: Description of the post: | | |  | | |
| Name and surname of the person responsible for radiation protection: | | |  | | |

**2. X-ray machines for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and surname | Education | Ionising radiation protection training | Work experience |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Name of the natural person or legal entity responsible for equipment servicing:**
2. **Use location of the X-ray equipment (to be completed for stationary devices):**

a) Name:

b) Address:

c) Plan of the premises housing X-ray machines with specified areas (controlled and monitored zone)

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

|  |  |  |
| --- | --- | --- |
| Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |