APPENDIX 7

Template B7

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

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: NUCLEAR MEDICINE**

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

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| --- | --- | --- | --- | --- | --- |
| 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.Radioactive sources 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**

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| --- | --- | --- | --- |
| Name and surname | Education | Ionising radiation protection training | Work experience |
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**4. Name of the natural person or legal entity responsible for equipment servicing:**

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**5.a. Use location of the radioactive sources:**

a) Name:

b) Address:

c) Plan of the premises with specified controlled and monitored zones (equipment premises, premises for application of radioactive sources, radiochemical laboratory, waiting room, etc.)

**5.b. Equipment specifications**

**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.

1. **Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**
2. **Import frequency of radioactive sources:**

As a constituent part of the Radiation protection programme, please indicate the planned import frequency of the radioactive sources during one year.

**9. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources, as well as the manner of their giving and taking over.

**10. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

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| --- | --- | --- | --- | --- |
| Radionuclide | Type of waste | Maximum activity | Manner of storing/discharging | Notes |
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| --- | --- | --- |
| Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |