e-form

RPB - General Notification Form

(excluding Bone Density, Dental and Veterinary Clinics)

Form is to be filled in and returned to the Radiation Protection Board (email: rpb.ohsa@gov.mt)

GENERAL

TYPE OF NOTIFICATION

- [ ] New Notification
- [ ] Amendment to existing authorisation number

PURPOSE OF NOTIFICATION

- [ ] Setting up new facility
- [ ] Altering facility or Installing new Equipment
- [ ] Commencement of operation

Please indicate the type of practice to which this application relates

I. GENERAL INFORMATION

ORGANISATION DETAILS

I-1. Name of Radiation Employer

Organisation Address	
Telephone Number	
Fax Number	
Email Address	
Address of Premises of Use (if different)	
Telephone Number	
Fax Number	
Email Address	

I-2. Work Locations

Will the work be carried out at any address other than given in item I-1? (tick correct answer) ☐ YES ☐ NO

List all other known addresses where work is undertaken with sources (if applicable)

Note: The Radiation Protection Board will require notification prior to work at any other site not specified in I-1 ot I-2 above.

I-3. The Legally Responsible Person

Full Name	
Position	
I.D. Number	
Telephone Number	
Fax Number	
Email Address	

I-4. The Qualified Expert

Full Name

Certificate Number

I-5. What will be the use of Ionising Radiation

I-6. Indicate into which of the following categories the source(s) of ionizing radiation falls

(a) X-Ray Equipment (b) Sealed Source (c) Unsealed Source

I-7. Indicate briefly the nature and business of the radiation employer named in I-1 *(page 2)*

I-8. Please complete relevant sections II-1 and/or II-2

I-9. Proposed date of commencement of the Work Activity

II. SIGNATURE AND CERTIFICATION

II.1 Declaration

The radiological risks associated with the use of the equipment mentioned in this notification, have been analysed in the attached risk assessment and the nature and magnitude of the risks to staff and other persons arising from the use of the equipment have been analysed.

Signature of the Legally Responsible Person	
I.D. Number	
Title	
Date	

Notes:

1. This form will not be processed unless a written risk assessment is attached to this form.

2. Based on the processing of this forms, the Radiation Protection Board may require additional information to fully consider this application prior to issuing an authorisation.

3. In the event that all the above required information is not available at the time of application, the Radiation Protection Board may issue an authorisation limiting the applicant to import, acquire or store radiation sources or construct facilities. Complete information will be required from the applicant prior to authorising the use of the radiation sources.

4. The Radiation Protection Board (RPB) will process your data in accordance with the principles of the Data Protection Act. RPB will not release information held about the applicant to third parties except where necessary for the fulfillment of this application. RPB may process the applicant's address, telephone, fax or email details to contact the applicant in connection with this application. Completion and submission of this application form signifies the applicant consent to the processing of this data. Please contact RPB if the applicant would like the RPB to inform the applicant about the personal data the RPB hold about the applicant if the applicant require such data to be corrected.

III. SOURCES AND EQUIPMENT

III-1 X-RAY EQUIPMENT 1

In the case of each irradiating apparatus (X-Ray unit), please state:

(1) Manufacturer	
(2) (a) Model	
(2) (b) Serial Number	
(2) (c) Date of Manufacture	
(3) (a) Maximum Voltage	
(3) (b) Maximum Current	
(4) Number of tubes per machine	
(5) Whether the machine is fixed or mobile	☐ Fixed ☐ Mobile
(6) The proposed date of Installation	
(7) The country of origin of the X-Ray equipment	
(8) Standard(s) to which the X-Ray equipment compiles with	
(9) Name & Address of overseas Agent/Supplier	
(10) Name & Address of local Agent/Supplier	
(11) If equipment is to be used for medical applications, attach copy of the EC Declaration of Conformity	

III. SOURCES AND EQUIPMENT

III-1 X-RAY EQUIPMENT 2

In the case of each irradiating apparatus (X-Ray unit), please state:

(1) Manufacturer	
(2) (a) Model	
(2) (b) Serial Number	
(2) (c) Date of Manufacture	
(3) (a) Maximum Voltage	
(3) (b) Maximum Current	
(4) Number of tubes per machine	
(5) Whether the machine is fixed or mobile	☐ Fixed ☐ Mobile
(6) The proposed date of Installation	
(7) The country of origin of the X-Ray equipment	
(8) Standard(s) to which the X-Ray equipment compiles with	
(9) Name & Address of overseas Agent/Supplier	
(10) Name & Address of local Agent/Supplier	

(11) If equipment is to be used for medical applications, attach copy of the EC Declaration of Conformity

III. SOURCES AND EQUIPMENT

III-1 X-RAY EQUIPMENT 3

In the case of each irradiating apparatus (X-Ray unit), please state:

(1) Manufacturer	
(2) (a) Model	
(2) (b) Serial Number	
(2) (c) Date of Manufacture	
(3) (a) Maximum Voltage	
(3) (b) Maximum Current	
(4) Number of tubes per machine	
(5) Whether the machine is fixed or mobile	☐ Fixed ☐ Mobile
(6) The proposed date of Installation	
(7) The country of origin of the X-Ray equipment	
(8) Standard(s) to which the X-Ray equipment compiles with	
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(10) Name & Address of local Agent/Supplier	
(11) If equipment is to be used for medical applications, attach copy of the EC Declaration of Conformity	

III. SOURCES AND EQUIPMENT

III-2 SOURCES 1

In the case of each sources, please state:

(1) Whether the source is sealed or unsealed	☐ Sealed	☐ Unsealed
(2) (a) Manufacturer		
(2) (b) Product or Catalogue Number		
(3) The country of origin of the source		
(4) The projected duration of use and the proposed fate of the source when it is no longer required		
(5) The radionuclide and the activity of the source at time of application		
(5) (a) Radionuclide		(5) (b) Activity (MBq)
(5) (c) Date of Manufacture		
(6) The Physical form of the source (Solid or Gas)	☐ Solid	☐ Gas
(7) Standard(s) to which the radioactive source complies with		
(8) Standard(s) to which the source holder and/or container that emits radiation complies with		
(9) Whether the source holder and/or container is portable or it will be used in a fixed position	☐ Portable	☐ Fixed
(10) Model and, if available, Serial number of the source holder and/or container		
(10) (a) Model Number		
(10) (b) Serial Number		
(11) Name & Address of forwarder in the exporting country		
(12) Name & Address of local Agent/Supplier		

III. SOURCES AND EQUIPMENT

III-2 SOURCES 2

In the case of each sources, please state:

(1) Whether the source is sealed or unsealed ☐ Sealed ☐ Unsealed

(2) (a) Manufacturer

(2) (b) Product or Catalogue Number

(3) The country of origin of the source

(4) The projected duration of use and the proposed fate of the source when it is no longer required

(5) The radionuclide and the activity of the source at time of application

(5) (a) Radionuclide (5) (b) Activity (MBq)

(5) (c) Date of Manufacture

(6) The Physical form of the source (Solid or Gas) ☐ Solid ☐ Gas

(7) Standard(s) to which the radioactive source complies with

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III. SOURCES AND EQUIPMENT

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