**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**

**Department of Science and Technology**

**Diliman, Quezon city**

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

**(BLOOD IRRADIATOR)**

INSTRUCTIONS: Execute this application and submit two copies including supplementary documents, personally to the Philippine Nuclear Research Institute. Use additional sheets, if necessary.

THIS IS AN APPLICATION FOR: (check appropriate box).

|  |  |  |  |
| --- | --- | --- | --- |
|  | A. New License | |  |
|  | B. Amendment to License No. | | **Enter text.** |
|  | C. Renewal of License No. | **Enter text.** | |

1. NAME AND MAILING ADDRESS OF APPLICANT. (Institution, firm, hospital, person, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution’s Name: | | | | Enter text. | | |
| Address: | Enter text. | | | | | |
| Head of the Company: | | | | | Enter text. | |
| Telephone/Mobile Phone Number: | | | | | | Enter text. |
| Fax Number: | | Enter text. | | | | |
| E-Mail Address: | | | Enter text. | | | |

2. PERSON TO BE CONTACTED ABOUT THE APPLICATION.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: | | Enter text. | | | |
| Position/Title: | | | Enter text. | | |
| Address: | Enter text. | | | | |
| Telephone/Mobile Phone Number: | | | | | Enter text. |
| Fax Number: | | | Enter text. | | |
| E-Mail Address: | | | | Enter text. | |

3. LOCATIONS OF USE. (Specify name of department, room No., street address, and telephone No., if different from Item 2).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address: | Enter text. | | | | | |
| Department: | | | | Enter text. | | |
| Room No.: | | Enter text. | | | | |
| Telephone/Mobile Phone Number: | | | | | | Enter text. |
| Fax Number: | | | Enter text. | | | |
| E-Mail Address: | | | | | Enter text. | |

4.

4.1 RADIOACTIVE MATERIAL. (List must include all radioactive materials to be used and /or stored).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radioactive Source**  **(Element/Mass Number)** | **Model Number** | **Serial**  **Number** | **Manufacturer** | **Maximum Activity in each**  **Radioactive**  **Source (Bq)** | **Total amount to be possessed at any one time** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

4.2 EQUIPMENT (Specify Model and Serial No.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Device** | **Model Number** | **Serial Number** | **Manufacturer** |
|
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. |

6. DESCRIBE THE PURPOSE FOR WHICH EACH RADIOACTIVE MATERIAL LISTED IN ITEM 4 WILL BE USED.

|  |
| --- |
| Enter text. |

7. PROPOSED RADIATION WORKERS. (List names and titles of persons who will use or supervise the use of radioactive material. Accomplish Attachment A (NRLSD/LRE‑0101) for each person named in Item 7 and submit certificates of relevant training and experience).

|  |  |  |
| --- | --- | --- |
| **Worker** | **Name** | **Description of Training/Experience** |
| Radiation Protection Officer (RPO) | Enter text. | Enter text. |
| Assistant RPO | Enter text. | Enter text. |
| Technologists | Enter text. | Enter text. |
| Enter text. | Enter text. |

8. FACILITIES AND EQUIPMENT.

8.1. DESCRIPTION OF THE FACILITY.

1. List the available materials/equipment to be used in the lab (e.g. shielding materials, handling tongs, calibrators, collimators, etc.).

|  |
| --- |
| Enter text. |
| Enter text. |
| Enter text. |
| Enter text. |

B. Submit annotated plans and drawings or sketches of rooms where radioactive material will be used and calibrated and of adjacent areas indicating shielding and additional safety equipment with specifications and designation of restricted and unrestricted areas. Also, submit a hazard evaluation of the calibration room, indicating among other things the anticipated maximum radiation dose to personnel.

8.2. RADIATION DETECTION/MEASUREMENT SURVEY INSTRUMENTS.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Instrument** | **Model No.** | **Serial No.** | **Manufacturer** | **Sensitivity**  **Range**  **(mSv/h)** | **Date of**  **Last**  **Calibration** | **Organization to**  **Perform**  **Calibration** |
| Enter text. | Enter Text. | Enter Text. | Enter text. | Enter Text. | Enter Text. | Enter text. |
| Enter text. | Enter Text. | Enter Text. | Enter text. | Enter Text. | Enter Text. | Enter text. |

8.3. PERSONNEL MONITORING DEVICES/PROCEDURES

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitoring Device** | **No. of Units** | **Name and Address of Supplier(s)** | **Date of Last Calibration** |
| Film Badge | Enter text. | Enter text. | Enter text. |
| TLD | Enter text. | Enter text. | Enter text. |
| Pocket Dosimeter | Enter text. | Enter text. | Enter text. |
| Alarm Ratemeters | Enter text. | Enter text. | Enter text. |
| Others | Enter text. | Enter text. | Enter text. |

9. RADIATION SAFETY PROGRAM

|  |  |  |
| --- | --- | --- |
| **Description** | **Attached** | **Remarks** |
| 9.1. Leak Test Program/Procedure |  | Enter text. |
| 9.2. Survey Instrument Calibration Procedure |  | Enter text. |
| 9.3. Personnel Monitoring Program |  | Enter text. |
| 9.4. Training Program |  | Enter text. |
| 9.5. RPO Duties |  | Enter text. |
| 9.6. Emergency Procedures |  | Enter text. |
| 9.7. Operating Procedures |  | Enter text. |
| 9.8. Security of Equipment (blood irradiator) |  | Enter text. |
| 9.9. Disposal Procedure for Depleted or damaged source |  | Enter text. |

10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICATION FEE:** | | Enter text. | Official Receipt No.: | | Enter text. |
|  | |  | Date: | Enter text. | |
| **LICENSE FEE:** | Enter text. | | Official Receipt No.: | | Enter text. |
|  | |  | Date: | Enter text. | |

11. OFFICIAL EXECUTING THIS APPLICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 2, CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION INCLUDING ANY SUPPLEMENTS ATTACHED THERETO, IS TRUE AND CORRECT TO THEBEST OF HIS KNOWLEDGE AND BELIEF.

|  |
| --- |
|  |
|  |
| Signature Over Printed Name |
|  |
| Enter text. |
| Title/Position |
|  |
| Enter text. |
| Date |