Republic of the Philippines Department of Science and Technology

# PHILIPPINE NUCLEAR RESEARCH INSTITUTE

Commonwealth Avenue, Diliman, Quezon City

# APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE

**(Radioactive Sources Contained in Industrial Devices)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS:** To complete this application, refer to Part 16 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for a License for the Use of Radioactive Sources contained in Industrial Devices. Submit one copy of the completed application, with the specified application/license fee and all required attachments, to the Nuclear Regulatory Division of the Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.  This is an application for: (Check appropriate box)

|  |  |
| --- | --- |
|[ ]  1. NEW LICENSE
 |  |
|[ ]  1. AMENDMENT TO LICENSE NUMBER
 | **Enter text.**  |
|[ ]  1. RENEWAL OF LICENSE NUMBER
 | **Enter text.**  |

 |

1. **NAME AND MAILING ADDRESS OF APPLICANT.**

|  |  |
| --- | --- |
| Company: | 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.  |

# PERSON TO BE CONTACTED ABOUT THE APPLICATION.

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

# RADIOACTIVE SOURCE(S)

* 1. **Radioactive Source(s) Contained in Industrial Devices**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Radioactive Source (Element/Mass Number) | Model Number | Serial Number | Manufacturer | Maximum Activity in each Radioactive Source(Bq)*(Indicate reference date for each source)* |
| 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. |

1. **PURPOSE(S) OF USE.**

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

1. **LOCATION(S) OF USE**.
	1. **Permanent Facility**

|  |  |
| --- | --- |
| Address: | Enter text.  |
| Telephone/Mobile Phone Number: | Enter text.  |
| Fax Number: | Enter text.  |
| E-Mail Address: | Enter text.  |

# Temporary Jobsites

|  |  |
| --- | --- |
| Address: | Enter text.  |
| Telephone/Mobile Phone Number: | Enter text.  |
| Fax Number: | Enter text.  |
| E-Mail Address: | Enter text.  |

1. **FACILITIES AND EQUIPMENT** (Attach supplementary sheets, if necessary).

# Industrial Device(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Device | Model Number | Serial Number | Manufacturer | For Use In |
| Permanent Facility | Temporary Jobsite |
| Industrial Devices | 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. |
| Associated Equipment | 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. |

* 1. **Radiation Survey Instruments**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Instrument | Model No. | Serial No. | Manufacturer | SensitivityRange (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. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

* 1. **Personnel Monitoring Devices**

|  |  |  |  |
| --- | --- | --- | --- |
| Passive Devices | No. of Units | Name and Address of Supplier(s) | Frequency of Change |
| Film Badge | Enter text. | Enter text. | Enter text. | Enter text. |
| TLD | Enter text. | Enter text. | Enter text. | Enter text. |
| OSL | Enter text. | Enter text. | Enter text. | Enter text. |
| Active Devices | No. of Units | Name and Address of Supplier(s) | Date of Last Calibration | Range |
| Pocket Dosimeter | Enter text. | Enter text. | Enter text. | Enter text. |
| Alarm Ratemeters | Enter text. | Enter text. | Enter text. | Enter text. |
| Others | Enter text. | Enter text. | Enter text. | Enter text. |

1. **PROPOSED RADIATION WORKERS.**

(Accomplish Attachments A and B for the training and experience of each person named below and submit certificates of relevant trainings and experiences.)

|  |  |  |
| --- | --- | --- |
| Worker | Name | Description of Training/Experience |
| Radiation Protection Officer | Enter text. | Enter text. |
| Assistant RPO | Enter text. | Enter text. |
| Authorized Operators | Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |

1. **RADIATION SAFETY PROGRAM.** (Check appropriate space and attach the required Information. Additional specific procedures may be required as may be deemed necessary.)

|  |  |  |
| --- | --- | --- |
| **Description** | **Attached** | **Remarks** |
| 8.1 Organization | [ ]  | Enter text. |
| 8.2 ALARA Program | [ ]  | Enter text. |
| 8.3 Inventories | [ ]  | Enter text. |
| 8.4 Leak Testing of Radioactive Sources | [ ]  | Enter text. |
| 8.5 Operating Procedures | [ ]  | Enter text. |
| 8.6 Radiation Monitoring | [ ]  | Enter text. |
| 8.7 Installation, Repair and Maintenance | [ ]  | Enter text. |
| 8.8 Personnel Monitoring | [ ]  | Enter text. |
| 8.9 Transport of Radioactive Sources | [ ]  | Enter text. |
| 8.10 Emergency Plan and Procedure | [ ]  | Enter text. |
| 8.11 Recordkeeping | [ ]  | Enter text. |

# TRAINING PROGRAM

1. **SECURITY AND CONTROL OF RADIOACTIVE SOURCES**.
2. **RADIOACTIVE WASTE MANAGEMENT PROGRAM.**

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

# CERTIFICATION.

The applicant understands that all statements and representations made in this application are binding upon the applicant. The applicant or any official executing this certification on behalf of the applicant certifies that this application is prepared in conformity with the applicable requirements in the Code of PNRI Regulations and that all information contained herein are true and correct to the best of his knowledge and belief.

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

# ACKNOWLEDGEMENT.

{Republic of the Philippines}

{ }

Before me, a Notary Public for and in the above jurisdiction, personally appeared the following persons:

Name Name

CTC No. CTC No.

Date/Place Issued Date/Place Issued

both known to me to be the same persons who executed the foregoing application and all attachments, and acknowledged to me the same to be their free and voluntary act and deed.

Notary Public

Doc. No. Page No.

Book No. Series of

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# ATTACHMENT A

**TRAINING AND EXPERIENCE OF PROPOSED RADIATION PROTECTION OFFICER (RPO) AND ASSISTANT RPO**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**: | Enter text.  |  | Shape  Description automatically generated with low confidence |
| **NAME OF COMPANY**: | Enter text.  |  |
| **EDUCATIONAL DEGREE:** | Enter text.  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# TRAINING IN RADIATION SAFETY

|  |  |  |  |
| --- | --- | --- | --- |
| Field of Training | Location of Training | Date of Training | Duration of Training (Hours) |
| Lecture | Laboratory | On-the-Job |
| a. Radiation Physics and Instrumentation | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| b. Radiation Safety | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| c. Mathematics Pertaining to the Use and Measure- ment of Radioactivity | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| d. Security of RadioactiveSources | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| e. Nuclear Regulations and Licensing | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **EXPERIENCE WITH RADIOACTIVE SOURCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Radioactive Source/Device | Maximum Amount of RadioactiveSource Handled | Where Experience Was Gained | Duration of Experience | Type of Use |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES**

|  |  |  |
| --- | --- | --- |
| Title of Training | Place of Training | Date of Training |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

**I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

|  |  |
| --- | --- |
|  | **Signature of Proposed RPO/ARPO** |
|  |  |
| Date: | Enter text.  |

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# PHILIPPINE NUCLEAR RESEARCH INSTITUTE

Commonwealth Avenue, Diliman, Quezon City

# ATTACHMENT B

**TRAINING AND EXPERIENCE OF PROPOSED AUTHORIZED OPERATORS OF INDUSTRIAL DEVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME**: | Enter text.  |  | Shape  Description automatically generated with low confidence |
| **NAME OF COMPANY**: | Enter text.  |  |
| **EDUCATIONAL DEGREE:** | Enter text.  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **TRAINING IN RADIATION SAFETY**

|  |  |  |  |
| --- | --- | --- | --- |
| Field of Training | Location of Training | Date of Training | Duration of Training (Hours) |
| Lecture | Laboratory | On-the-Job |
| a. Radiation Physics & Instrumentation | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| b. Radiation Safety | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| c. Radiation Detection & Measurement | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| d. Security of Radioactive Sources | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| e. Nuclear Regulationsand Licensing | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **EXPERIENCE IN THE OPERATION OF AN INDUSTRIAL DEVICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment (Brand Name,Model/Serial Numbers) | Radioactive Source (Element & Mass No.) | Activity ofthe Source (Becquerels) | Where Experience was Gained | Duration ofExperience (Months) |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |

1. **CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES**

|  |  |  |
| --- | --- | --- |
| Title of Training | Place of Training | Date of Training |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

**I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

|  |  |
| --- | --- |
|  | **Signature of Proposed Authorized Operator** |
|  |  |
| Date: | Enter text.  |