**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**

**Department of Science and Technology**

**Diliman, Quezon City**

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE**

**(Manufacture and Dispense Radiopharmaceuticals)**

**INSTRUCTIONS**: Accomplish this application and submit two copies, including supplementary documents, personally to the Nuclear Regulations, Licensing and Safeguards Division (NRLSD), Philippine Nuclear Research Institute. Use additional sheets, if necessary.

1. **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/Hospital: | Enter text. |
| Address: | Enter text. |
| Head of the company: | Enter text. |
| Telephone No(s).: | Enter text. |
| Fax No.: | Enter text. |
| E-mail Address: | Enter text. |

1. **LOCATIONS OF USE**

|  |  |
| --- | --- |
| Name of Department: | Enter text. |
| Room No(s).: | Enter text. |
| Street: | Enter text. |
| Fax No.: | Enter text. |
| E-mail Address: | Enter text. |

4. **NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION**

|  |  |
| --- | --- |
| Name: | Enter text. |
| Official Designation: | Enter text. |
| Address: | Enter text. |
| Telephone No(s).: | Enter text. |
| Fax No.: | Enter text. |
| E-mail Address: | Enter text. |

5. **RADIOACTIVE MATERIAL** (List must include all radioactive materials to be used and /or stored). Use separate sheets, if necessary.

5.1 **For unsealed sources**

|  |  |  |
| --- | --- | --- |
| Isotope (Element, Mass Number) | Chemical/Physical Form | Maximum Amount to be possessed at any one time (becquerels) |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. |

 5.2 **For sealed sources**

|  |  |  |
| --- | --- | --- |
| Isotope (Element, Mass Number) | Chemical/Physical Form | Maximum Amount to be possessed at any one time (becquerels) |
| 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 millicurie = 3.7 x 107 becquerels

6. **PURPOSE(S) FOR WHICH EACH RADIOACTIVE MATERIAL LISTED IN ITEM 5 WILL BE USED**

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

# For Items 7-11, use separate sheets

1. **INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE**

7.1 **Radiation Protection Officer (RPO)** Accomplish Attachment A (PNRI/NRD Form-08A) and submit certificates of relevant training and experience and official designation/appointment signed by the management).

7.2 **Nuclear Pharmacist (s)/Technologist(s)**. Accomplish Attachment A (PNRI/NRD Form-08A) and submit certificates of relevant training and experience and official designation/appointment signed by the management.

1. **TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS**
2. **FACILITIES AND EQUIPMENT**
	1. **Description of facilities** (Include sketch/drawing of room, layout of laboratory, hot laboratory, specifications of fume hood, etc.; and street address (If different from Item 3) where radioactive materials will be dispensed, compounded and stored.
	2. **Radiation Monitoring Instruments**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Instrument | Manufacturer | Model No. | Serial No. | Type of Radiation Detected | Sensitivity Range (mR/hr.) | Window thickness (mg./sq. cm.) | Use (detection, measuring, etc. |
| 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitoring Device**  | **No. of Units** | **Brand, Serial Nos. & Range of dosimeter** | **Date of Last Calibration**  |
| Film Badge  |  Enter text.  |  Enter text.  |  Enter text.  |
| TLD  |  Enter text.  |  Enter text.  |  Enter text.  |
| Pen Dosimeter  |  Enter text.  |  Enter text.  |  Enter text.  |
| Finger Dosimeter  |  Enter text.  |  Enter text.  |  Enter text.  |
| Others  |  Enter text.  |  Enter text.  |  Enter text.  |

9.4 **Other Equipment/Instruments** to be used in the lab (list all available equipment /instruments to be used in the lab., e.g. dose calibrator, alarm ratemeter, Geiger counter, multi-channel analyzer, high energy gamma detector, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 10. **RADIATION SAFETY PROGRAM**  |  | Description attached |  | Previously submitted on |
|  |  |  |  |  |
| 1. ALARA Program
 |  |[ ]   | Enter text. |
| 1. Personnel Training Program
 |  |[ ]   | Enter text. |
| 1. Duties & Responsibilities of RHSO and Pharmacist
 |  |[ ]   | Enter text. |
|  10.4 Personnel Monitoring Program |  |[ ]   | Enter text. |
|  10.5 Procedure for Ordering/Receiving and Opening Packages |  |[ ]   | Enter text. |
| 10.6 General Procedure for Safe Use of Radioactive Materials |  |[ ]   | Enter text. |
|  10.7 Emergency Procedures (spillage or contamination, transport, etc.) |  |[ ]   | Enter text. |
|  |  |[ ]   | Enter text. |
|  10.8 Decontamination Procedure |  |[ ]   | Enter text. |
| 10.9 Procedure for Retrieving Radioactive Wastes from Customers  |  |[ ]   | Enter text. |
| 10.10 Precautionary Measures for Handling of Liquid Radioiodine |  |[ ]   | Enter text. |
| 10.11 Operations |  |[ ]   | Enter text. |
| 10.12 Product Labels |  |[ ]   | Enter text. |
| 10.13 Product Shielding (syringes & vials) |  |[ ]   | Enter text. |
|  10.14 Procedure for Safe Transport of Radiopharmaceuticals (this includes packaging, labelling, swipe test of packages)  |  |[ ]   | Enter text. |
|  10.15 Procedure for Survey Instrument Calibration |  |[ ]   | Enter text. |
| * 1. Procedure for Dose Calibrator Calibration/

 Tests |  |[ ]   | Enter text. |
|  10.17 Procedure for Determining Molybdenum Concentration |  |[ ]   | Enter text. |
|  10.18 Procedure for Area Survey |  |[ ]   | Enter text. |
|  10.19 Air Concentration Monitoring/Control |  |[ ]   | Enter text. |
|  10.20 Independent Audit Program |  |[ ]   | Enter text. |
|  10.21 Radioactive Material Storage Procedure |  |[ ]   | Enter text. |

11. **RADIOACTIVE WASTE MANAGEMENT PROGRAM**. Describe how the generated wastes, wastes from the users/clients, unneeded/depleted sources will be disposed of.

12.

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

13. ***CERTIFICATION***: **THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS APPLICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH THE APPLICBLE REQUIREMENTS IN THE CODE OF PNRI REGULATIONS AND THAT ALL INFORMATION CONTAINED HEREIN, IS TRUE AND CORRECT TO THE BEST OF HIS/ITS KNOWLEDGE AND BELIEF**.

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