|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM NO.** | **ITEM** |  | **REMARKS** |
|  |  | **YES** | **NO** |  |
| 1 | **Properly Filled-out PNRI/NRD Form-02** |
|  | **PNRI/NRD Form-02** |[ ] [ ]   |
|  | Notes:* Complete company name & address should match name and address in SEC registration.
* Name of Person shall be written as follows: *Family name, First Name, Middle Name, Extension*
* Contact details shall include landline & mobile tel. nos. and email address
* Form shall be duly signed by at least the head of the unit in charge of the radioactive material, with date accomplished and is duly notarized.
 |
| 2 | **Certified true copy of SEC registration and valid business permit or Project’s Special Order** |
|  | SEC Registration |[ ] [ ]   |
|  | Mayor’s Business Permit /DTI Registration / Project Special Order  | [ ]  | [ ]  |  |
|  | Notes:* Submit a copy of full papers of incorporation.
* Registered activities must include, in general, the purpose for which the license is being applied for (i.e. selling if commercial, medical services if medical)
 |
| 3 | **Supplementary Form-A** |
|  | Supporting literature for first use radiopharmaceuticals   |[ ] [ ]   |
|  | Sealed Source Certificate/s (for each sealed source)  |[ ] [ ]   |
|  | Certificate of Design Approval for Special Form Radioactive Material  |[ ] [ ]   |
|  | Initial Leak Test Certificate (for each sealed source)  |[ ] [ ]   |
|  | Return-to-Supplier Agreement (for each sealed source)  |[ ] [ ]   |
|  | Notes:* **Fill-out this form if there are changes to radioactive materials in the license. If there are no changes, tick “no changes” in PNRI/NRD Form-02.**
* Certificate of Design Approval, sealed source certificate and initial leak test certificate can be submitted upon receipt of sealed source.
 |
| 4 | **Suplementary Form-B** |
|  | Documentation of Technical Specifications of Radiation Survey Instruments  |[ ] [ ]   |
|  | Copy of Contract with Dosimetry Service Provider  |[ ] [ ]   |
|  | Notes: * **Fill-out this form if there are changes to radiation-related equipment. If there are no changes, tick “no changes” in the PNRI/NRD Form-02.**
* If a waiver is requested, justification shall be attached. (Example: if waiver for personnel monitoring is requested, dose assessment showing that there will be no regular readings above background where personnel are present shall be attached.)
 |
| 5 | **Supplementary Form-C** |
|  |  | Official Appointment of the RPO/ARPO  |[ ] [ ]   |
|  |  | Proof of qualification, training, and experience of Facility Manager/Supervisor  |[ ] [ ]   |
|  |  | Proof of qualification, training, and experience of RPO   |[ ] [ ]   |
|  |  | Proof of qualification, training, and experience of Assistant RPO  |[ ] [ ]   |
|  |  | Proof of qualification, training, and experience of Authorized Personnel  |[ ] [ ]   |
|  | Notes:* **Fill-out this form if there are changes to radiation workers listed in the license. If there are no changes, tick “no changes” in the PNRI/NRD Form-02.**
* Proofs of qualification, training and experience shall be submitted to each proposed personnel. For specific qualifications please refer to the Code of PNRI Regulations for the applicable workers.
* Proofs of qualification include copy of diploma, copy of PRC license, national society certifications
* Proof of training includes copy of training certificates in the required subject matter or Transcript of Records showing classes taken in the required subject matter. Certificates shall specify the duration of the training. For training courses that are not previously recognized, a training syllabus shall be included.
* Proof of experience includes supervisor’s attestation and certificate of employment with statement of duties and responsibilities.
 |
| 6 | Location of Radioactive Materials |
|  | Location Map |[ ] [ ]   |
|  | Facility Floor Plan |[ ] [ ]   |
|  | Notes: * Make sure that all drawings and dimensions are clear and readable and are referring to the facility.
 |
| 7 | **RADIATION SAFETY MANAGEMENT PLAN** |
|  | **Radiation Safety Management Plan (Do not answer, temporarily waived)** |[ ] [ ]   |
|  | Notes:* Waived pending publication of regulatory guide
 |
| 8 | **RADIATION PROTECTION AND SAFETY PROGRAM** |
|  | **Radiation Protection and Safety Program** |[ ] [ ]   |
|  | Note:* Sub-sections shall include those required in practice-specific CPRs
 |
| 9 | **SECURITY OF SEALED SOURCES** |
|  | Security Plan *(For Category 1 sources)* |[ ] [ ]   |
|  | Security measures *(For Category 4 & 5 sources)* |[ ] [ ]   |
| 10 | **ENVIRONMENTAL PROTECTION PLAN** |
|  | Environmental Protection Plan (Do not answer, temporarily waived) |[ ] [ ]   |
|  | Note:* Waived pending submission of regulatory guide
 |
| 11 | **DECOMMISSIONING PLAN** |
|  | Decommissioning Plan |[ ] [ ]   |
|  | Note:* This refers to the initial decommissioning plan as a comprehensive action to be taken to allow removal of some or all of the regulatory controls for the facility to be released for unrestricted use.
 |
| 12 | **ENVIRONMENTAL COMPLIANCE CERTIFICATE** |
|  | Environmental Compliance Certificate |[ ] [ ]   |
|  | Note:* Issued by the DENR – Environmental Management Bureau
 |
| 13 | **TRANSPORT SECURITY PLAN** |
|  | Transport Security Plan |[ ] [ ]   |
|  | Notes: This refers to the Code of PNRI Regulations Part 27, applicable only for sealed sources to be transported outside facility.* Enhanced Security Level for Category 1 and 2 sources
* Basic Security Level for Category 3 source
* Prudent Management Practices for Category 4 and 5 sources
 |
| 14 | **FEES (APPLICATION FOR LICENSE WILL NOT BE PROCESSED IF FEES ARE NOT PAID IN FULL)** |
|  | Application Fee (Php 500.00): Copy of Official Receipt |[ ] [ ]   |
|  | License Fee as per Statement of Account: Copy of Official Receipt |[ ] [ ]   |
|  | Surcharge for Late Filing (if necessary): Copy of Official Receipt |[ ] [ ]   |
| ADDITIONAL SUBMISSIONS FOR THE **RENEWAL OF LICENSE** |
| Annual Report in the Use of Radioactive Material |[ ] [ ]   |
| Summary of Doses Received by Workers |[ ] [ ]   |