

Republic of the Philippines  
Department of Science and Technology  
**PHILIPPINE NUCLEAR RESEARCH INSTITUTE**  
Commonwealth Avenue, Diliman, Quezon City

**APPLICATION FOR A RADIOACTIVE MATERIAL LICENSE  
(INDUSTRIAL RADIOGRAPHY)**

**INSTRUCTIONS:** To complete this application, refer to Part 11 of the Code of PNRI Regulations and the corresponding Regulatory Guide for the Preparation of Application for a License for the Use of Sealed Sources and Devices in Industrial Radiography. Submit an original and one copy of the completed application, with the specified application/license fee and all required attachments, to the Nuclear Regulations, Licensing, and Safeguards Division of the Philippine Nuclear Research Institute, Commonwealth Avenue, Diliman, Quezon City.

This is an application for: (Check appropriate box)

- A. NEW LICENSE  
 B. AMENDMENT TO LICENSE NUMBER \_\_\_\_\_  
 C. RENEWAL OF LICENSE NUMBER \_\_\_\_\_

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

(Attach copy of SEC registration and business permit issued by the responsible government agency.)

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Head of the Company: \_\_\_\_\_  
 Telephone/Mobile Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**2. PERSON TO BE CONTACTED ABOUT THE APPLICATION.**

Name: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone/Mobile Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**3. RADIOACTIVE SOURCE(S).**

**3.1 Radioactive Source(s) Used in Radiography**

Radioactive Source (Element/ Mass Number)	Model Number	Serial Number	Manufacturer	Maximum Activity in each Radioactive Source (Bq)

**3.2 Other Radioactive Sources** (e.g. calibration sources)

Radioactive Source	Model Number	Manufacturer (or Distributor)	Total Activity (Bq)	Purpose of Use

**4. FACILITIES AND LOCATION(S) OF USE.**

**4.1 Permanent Radiographic Installation** (Describe the permanent radiographic facility, to include photographs, drawings or sketches of rooms where radioactive material will be used and/or stored).

Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**4.2 Field Stations or Temporary Jobsites** (Describe the temporary facility and submit a diagram showing where the radiography camera will be stored and the location where radiography may be performed).

Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**5. RADIOGRAPHIC EQUIPMENT/INSTRUMENTS/DEVICES** (Attach supplementary sheets, if necessary).

**5.1 Radiographic Equipment** (To be used with sources listed in Item No. 3.1).

Device	Model Number	Serial Number	Manufacturer	For Use at/in	
				Permanent Radiographic Installation	Temporary Jobsite
Radiographic Exposure Device					
Source Changer					
Associated Equipment					

**5.2 Radiation Survey Instruments**

Type of Instrument	Model No.	Serial No.	Manufacturer	Sensitivity Range (mSv/h)	Date of Last Calibration	Organization to Perform Calibration

**5.3 Personnel Monitoring Devices**

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

**6. 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 Safety Officer (RSO)		
Assistant RSO		
Radiographers		
Radiographer's Assistants		

**7. 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
7.1 Organization		
7.2 Internal Inspection Program		
7.3 ALARA Program		
7.4 Material Receipt & Accountability		
7.5 Leak Testing of Radioactive Sources		
7.6 Operating & Emergency Procedures		
7.6.1 Handling and Use of Licensed Radioactive Sources, Radiographic Exposure Devices, Source Changers, and Instrument Calibration Equipment.		
7.6.2 Conducting Radiation Surveys.		
7.6.3 Controlling Access to Radiographic Areas.		
7.6.4 Locking and Securing Radiographic Exposure Devices, Storage Containers, and Radioactive Sources.		
7.6.5 Personnel Monitoring and the Use of Personnel Monitoring Equipment.		
7.6.6 Transporting Radioactive Sources to Field Stations or temporary jobsites, Packaging of Radiographic Exposure Devices and Storage Containers in the Vehicles, Posting of Vehicles, and Control of the Radioactive Sealed Sources.		
7.6.7 Inspection and Maintenance of Radiographic Exposure Devices, Storage Containers, and Source Changers.		
7.6.8 Ratemeter Alarms or Off-Scale Pocket Dosimeter Readings.		
7.6.9 Identifying and Reporting Equipment Malfunctions and Defects.		
7.6.10 Recordkeeping.		
7.6.11 Emergency Planning and Response.		
7.6.11.1 Minimizing Exposure of Persons in the Event of an Accident		
7.6.11.2 Notifying Proper Persons in the Event of an Accident		

8. **SECURITY AND CONTROL OF RADIOACTIVE SOURCES.** (Submit procedures on how to ensure the control and security of radioactive sources during use and storage)
9. **RADIOACTIVE WASTE MANAGEMENT PROGRAM.** (Submit a detailed description of methods which will be used for disposal of disused radioactive sources. If disused radioactive sources are to be returned to original supplier or manufacturer, submit copy of agreement with original supplier or manufacturer).

10. **APPLICATION FEE** \_\_\_\_\_ Official Receipt No. \_\_\_\_\_  
Date: \_\_\_\_\_  
**LICENSE FEE** \_\_\_\_\_ Official Receipt No. \_\_\_\_\_  
Date: \_\_\_\_\_

11. **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

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

12. **ACKNOWLEDGEMENT.**

{Republic of the Philippines}  
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Before me, a Notary Public for and in the above jurisdiction, personally appeared the following persons:

Name \_\_\_\_\_ CTC No. \_\_\_\_\_ Date/Place Issued \_\_\_\_\_  
Name \_\_\_\_\_ CTC No. \_\_\_\_\_ 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 SAFETY OFFICER (RSO) AND ASSISTANT RSO**

**NAME:** \_\_\_\_\_  
**NAME OF COMPANY:** \_\_\_\_\_  
**EDUCATIONAL DEGREE:** \_\_\_\_\_

1" x 1"  
ID  
Photo

**1. TRAINING IN RADIATION SAFETY**

(Enclose certificates of training and use additional sheets if necessary.)

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
a. Radiation Physics and Instrumentation					
b. Radiation Safety					
c. Mathematics Pertaining to the Use and Measurement of Radioactivity					
d. Security of Radioactive Sources					
e. Nuclear Regulations and Licensing					

**2. EXPERIENCE WITH RADIOACTIVE SOURCES AND RADIOGRAPHIC EQUIPMENT/ INSTRUMENTS/DEVICES**

Radioactive Source/ Radiographic Equipment/ Instruments/Devices	Maximum Amount of Radioactive Source Handled	Where Experience Was Gained	Duration of Experience	Type of Use

**3. CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES** (Submit certificates of relevant trainings & experience.)

Title of Training	Place of Training	Date of Training

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

\_\_\_\_\_  
**Signature of Proposed RSO/ARSO**

Date: \_\_\_\_\_

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**ATTACHMENT B**

**TRAINING AND EXPERIENCE OF PROPOSED  
RADIOGRAPHERS AND RADIOGRAPHER'S ASSISTANTS**

**NAME :** \_\_\_\_\_  
**NAME OF COMPANY:** \_\_\_\_\_  
**EDUCATIONAL DEGREE :** \_\_\_\_\_



**1. TRAINING IN RADIATION SAFETY**

(Enclose certificates of training and use additional sheets if necessary.)

Field of Training	Location of Training	Date of Training	Duration of Training (Hours)		
			Lecture	Laboratory	On-the-Job
a. Radiation Physics and Instrumentation					
b. Radiation Safety					
c. Mathematics Pertaining to the Use and Measurement of Radioactivity					
d. Security of Radioactive Sources					
e. Nuclear Regulations and Licensing					

**2. EXPERIENCE IN THE OPERATION OF A RADIOGRAPHIC EQUIPMENT/ INSTRUMENTS / DEVICES**

Equipment/Instruments/ Devices (Brand Name, Model/Serial Numbers)	Radioactive Source (Element & Mass No.)	Activity of the Source (Becquerels)	Where Experience was Gained	Duration of Experience (Months)

**3. CERTIFICATES OF RELEVANT TRAININGS/EXPERIENCES** (Submit certificates of relevant trainings & experience.)

Title of Training	Place of Training	Date of Training

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

\_\_\_\_\_  
Signature of Proposed Radiographer/Radiographer's Assistant

Date: \_\_\_\_\_