



MINISTRY OF INDUSTRY, INVESTMENT AND COMMERCE

8 Rekadom Avenue

Building 9, Bureau of Standards, Kingston 10

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FORM FOR NOTIFICATION OF PRACTICES AND SOURCES

INSTRUCTIONS: Use **ONE** form for each source to be notified. If multiples sources are to be declared, complete a “*Supplemental Form for Notification of Practices and Source*” instead. All forms **MUST** be duly signed by the legal operator and subsequently submitted to HSRA.

Section 1: ADDRESS AND CONTACT INFORMATION

1. Name and address of the legal person.

2. Name and address of the organization.

3. Contact Number: _____ Email Address: _____

4. Nature of the practice in which the source is used:

Section 2: DETAILS OF SOURCE

(“Source” means a radiation generator, a radioactive source or other radioactive material.)

5. Identification of source: _____

6. Location:

7. State field of application and purpose of the activity in which the radiation source is or will be used:

Section 3: RADIONUCLIDE

Radionuclide: _____

Activity (Bq): _____

Activity Date: _____

Chemical form: _____

Serial No: _____

Sealed source (YES/NO): _____

If yes, Manufacturer: _____

Model No.: _____

If no, Identification no./code: _____

Status (In Use/Out of Use/ In Storage/ Disused): _____

Section 4: RADIATION GENERATING EQUIPMENT

Manufacturer: _____

Model No: _____

Serial No: _____

Max. Operating Potential: _____

Nature of the equipment in which the source is installed (Medical, Industrial etc.):

Model (if appropriate): _____

Status (In Use/Out of Use/ In Storage/ Disused): _____

Date: _____ Signature of legal person: _____