



MINISTRY OF INDUSTRY, INVESTMENT AND COMMERCE
8 Rekadom Avenue
Building 9, Bureau of Standards, Kingston 10

SUPPLEMENTAL FORM FOR NOTIFICATION OF PRACTICES AND SOURCES

INSTRUCTIONS: This supplemental form is only to be used to declare five (5) or more sources. After completing this form, it should be duly signed by the legal operator, before being submitted to the 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: RADIONUCLIDE DETAILS

Radio-nuclide	Activity (Bq)	Activity Date	Chemical form	Serial No.	If Sealed Source: Manufacturer	If Unsealed source: Identification No./code	Location and Field of application/ Purpose	Status (In Use/ Out of Use/ In Storage/ Disused.)

Date: _____

Signature of legal person: _____

Section 3: RADIATION GENERATING EQUIPMENT DETAILS

Type	Manufacturer	Model No.	Serial No.	Max. Operating Potential	Nature of the equipment in which the source is installed (Medical, Industrial etc.)	Location and Field of application/ Purpose	Status (In Use/ Out of Use/ In Storage/ Disused.)

Date: _____

Signature of legal person: _____