



MINISTRY OF INDUSTRY, INVESTMENT AND COMMERCE

8 Rekadom Avenue

Building 9, Bureau of Standards, Kingston 10

Tel: 876-632-4289, 876-618-5761 Ext: 3461-68

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NUCLEAR SAFETY AND RADIATION PROTECTION APPLICATION FORM

*Section 38 of the NSRP Act, 2015 states that “every person who engages or proposes to engage in a prescribed activity shall apply, subject to subsection (4) in the prescribed form and manner to the Authority for the appropriate authorization.” HSRA may require additional information that it considers necessary to determine the application, (Section 38(3) of NSRP Act, 2015). To ensure compliance with the NSRP Act, 2015 and associated Regulations, the Authority has amended the NSRP Application Form that is found in the second schedule of the NSRP Regulations, 2019 to produce the form below.*

**INSTRUCTIONS:** Kindly complete all applicable sections of this application form and submit to the HSRA along with a copy of receipt for fees paid, completed *Fit and Proper Questionnaire*, a certified copy of the legal operator’s valid national ID and all supporting documents stipulated in the guidance document. Additionally, a *Declaration Form* is to be completed and submitted if radioactive material or nuclear material is being used on premises that are leased. For construction of new facilities that will use sources of Categories 1 and 2, an Environmental Impact Assessment (EIA) is also to be submitted.

For the purpose of this application;

**“Radiation Source”** means a radiation generator, a radioactive source or other radioactive material.

**“Nuclear Material”** means thorium, uranium or an element with an atomic number greater than 92; a derivative or compound of thorium, uranium or of an element with an atomic number greater than 92.

**“Low Risk”** in relation to any activity or practice means that the possibility of suffering harm from or loss due to exposure to ionizing radiation is low. See Appendix 1 for categorization and classification of sources.

**NOTE:** Processing of applications will not commence until the completed application form, proof of payment and all required documents have been submitted to the HSRA. Once all required documents have been submitted to the HSRA, the Applicant will receive a response from the Authority within **14 days** of receipt.

**SECTION I: TYPE OF APPLICATION**

- New Licence  Permit   
 New Registration  Renewal   
 Amendment

Current Authorization Number: \_\_\_\_\_

Reason for Amendment: \_\_\_\_\_

**SECTION II: DETAILS OF APPLICANT**

*(Provide information for the organization that is to be authorized.)*

(a) Name of Organization: \_\_\_\_\_

(b) Mailing Address: \_\_\_\_\_

(c) Organization's T.R.N.: \_\_\_\_\_

(d) Telephone : \_\_\_\_\_ Fax number: \_\_\_\_\_

(e) Email address: \_\_\_\_\_

**SECTION III: DETAILS OF BUSINESS**

(a) Type of Business: \_\_\_\_\_

(b) Proof of Legal Status:

*(These supporting documents should be submitted with the application form - Certified Copy of Certificate of Incorporation or Certificate of Registration of Business or charter and Certified Copy of Valid Photo Identification for Authorized Signatories.)*

Business Number: \_\_\_\_\_

Corporation Number: \_\_\_\_\_

For Public Institutions, specify the enabling legislation (Act):

\_\_\_\_\_

(c) Financial Contact Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

(d) Financial Guarantee:

*(Provide information regarding the value and form of the financial guarantee, if required by the Authority.)*

\_\_\_\_\_

**SECTION IV: PURPOSE OF PROPOSED REGISTRATION/LICENCE**

(a) Registration/License Activities:  
(This application does **NOT** cover Import/Export activities)

- |                |                          |                            |                          |
|----------------|--------------------------|----------------------------|--------------------------|
| Possess/ Store | <input type="checkbox"/> | Transfer                   | <input type="checkbox"/> |
| Use            | <input type="checkbox"/> | Import /Export             | <input type="checkbox"/> |
| Service        | <input type="checkbox"/> | Manufacture                | <input type="checkbox"/> |
| Construction   | <input type="checkbox"/> | Operation/ Decommissioning | <input type="checkbox"/> |

(b) Location

i. Address of place of business:

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ii. Main address of storage and/ or use/ or any other activity

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Used at       Stored at       Both

(c) Additional information regarding other locations of storage and/or use:

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(d) Unsealed Sources (*Append copy of all standard certificates*)

*Append additional source details where required. For sources to be added to existing licence and/or requests for removal from regulatory control, complete and append **Amendment of Inventory Form.***

<b>Radionuclide</b>	<b>Maximum Activity in possession at any one time</b>	<b>Total Activity to be acquired per year</b>	<b>Use</b>

(e) Sealed Sources (**NOT** included in radiation device)

(Append copy of all standard certificates)

Append additional source details where required. Complete and append **Amendment of Inventory Form** for sources to be added to existing licence and/or requests for removal from regulatory control.

Radionuclide	Maximum Activity to be contained in any single source	Activity Date	Number of sealed sources - Categories 1, 2 and 3 to be acquired	Use

(f) Radiation Devices (Append copy of all standard certificates)

Append additional source details where required. For sources to be added to existing licence and/or requests for removal from regulatory control, complete and append **Amendment of Inventory Form**.

Radio-nuclide	Maximum Activity	Manufacturer	Type and Name of device	Model Number	No. of devices	Use

## SECTION V: RADIATION SAFETY PROGRAM

(Please note: This section is **NOT** to be completed for low-risk use-types. For low-risk use-types please proceed to **Section VI**.)

(a) i. Radiation Safety Officer (RSO) Details

(Append details of duties and responsibilities associated with RSO's role, copy of CV and relevant RSO training certificates and/ or qualification).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone : \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

ii. Alternate RSO Details

(Append completed Alternate RSO Form and all required details as stated in Appendix 2.)

(b) i. Qualified Expert Details (where applicable)

*(Append details of duties and responsibilities of the Qualified Expert's role, copy of CV and relevant qualification(s) and/or training certificates. Alternatively, if the Qualified Expert holds a valid HSRA Certificate of Registration, provide the registration number and expiration date.)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone : \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

HSRA Registration No. (if applicable): \_\_\_\_\_

HSRA Registration Expiration Date: \_\_\_\_\_

ii. Alternate Qualified Expert

*(Append completed Alternate Qualified Expert Form and all required details as stated in Appendix 3.)*

(c) Other Representative(s) of applicant:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Limitations of authority (if applicable)

\_\_\_\_\_

Signature of Representative: \_\_\_\_\_

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

(d) Classification of Workers

*(Append a list of all job categories for workers using or working in the vicinity of nuclear material and radiation sources.)*

\_\_\_\_\_

(e) Individual Protective Equipment and Safety Appliances:

Tick all that applies:

Lab coats

Gloves

Safety glasses

Splash guards

Lucite (plexiglass, perspex) beta guards

Respiratory protection

Please specify here: \_\_\_\_\_

Fume hood(s)

Removable table covering(s)

Lead sheet/ block for gamma shielding, appropriate to photon energies

Tongs/forceps/other remote handling tool:

Please specify here: \_\_\_\_\_

(f) Radiation Protection Program (RPP)

*(Append RPP or other relevant documents that address the requirements in items (i) to (xiv) below. In the space provided, state the name of the document and page numbers that specifically address each requirement. For further guidance please refer to the NSRP Application Guide. )*

(i) Scope of Activities:

*(Append tasks and operations to be performed by staff, frequency and duration of these activities as well as radiological risks associated with the work.)*

\_\_\_\_\_

(ii) Management System:

*(Append a description of the management and organizational structures that relate to radiation safety. Include details of roles and responsibilities of different management levels including Directors in charge, Radiation Safety Officers and workers. Include organizational chart showing radiation protection lines of responsibility as well as quality assurance program.)*

\_\_\_\_\_

(iii) Monitoring Occupational Exposure

a) Ascertaining and recording doses to workers:

*(Append procedures for ascertaining, monitoring and recording radiation doses received by all workers. Include dose to the eye and extremities (hands and feet) and intakes of radioactive material.)*

\_\_\_\_\_

b) For new licences, provide dose estimates for all categories of workers:

\_\_\_\_\_

c) For renewals, provide a summary of the annual radiation doses for each worker:

\_\_\_\_\_

d) Dose limits, dose constraints and optimization:

*(Append the dose limits for planned exposure situation, the established dose constraints that will be used as part of the organization's optimization of protection and safety.)*

\_\_\_\_\_

e) Acquisition and maintenance of individual monitoring equipment:

*(Append the list of all types of individual monitoring equipment that will be used, including the policy and procedure for acquisition, use, monitoring period, maintenance and storage, including the name of the individual monitoring service provider.)*

\_\_\_\_\_

(iv) Workplace Monitoring

*Append procedures for workplace monitoring, which should include the following details:*

a) Classification of areas (control and supervised areas) and local rules:

*(Append policy and procedures for classifying areas, rooms or enclosures as controlled or supervised areas, including floor plans, arrangement of equipment, shielding and other measures for protection and safety. Include access control, posting of radiation warning signs, local (site) rules and/policies to be followed by workers and work supervision, as well as, procedures for contamination control.)*

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b) Control of radioactive contamination; where unsealed radiation sources are handled:

*(Append policy and procedures for maintaining contamination control, including the procedure for monitoring contamination where unsealed radiative sources are used and stored; describe actions to be taken if contamination limits are exceeded.)*

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c) Radiation detection instruments:

*(Append a list of all radiation detection and measuring instruments to be used, as well as the policy and procedures for the acquisition, use, maintenance, storage and calibration of said instruments and the calibration service provider. Provide the calibration certificates for all instruments listed.)*

---

(v) Health Surveillance of Workers:

*(Append policies and procedures for monitoring the health of workers.)*

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(vi) Investigation Levels and Feedback of Operating Experience:

*(Append details of investigation levels and the procedures to be taken if they are reached and/ or exceeded; as well as, procedure to provide HSRA and suppliers with information regarding normal operating procedures, abnormal conditions and events.)*

---

(vii) Record and Reporting System:

*Append details of the policy and procedures:*

- a) *That outlines the process for retention of records and the list of documents that will be retained at each location of licensed activity, including field locations.*
  - b) *For the reporting of accidents, incidents, as well as any event in which the Authority should be notified; e.g. investigations conducted, release of radioactive materials into the environment, remedial actions etc.*
- 

(viii) a) Access control and security:

*(Append policy and procedures for restricting access to radiation sources and / or nuclear material, to only authorized and trained persons, as well as, the policy and procedure for alerting the applicant to the loss, theft or unauthorized use of/ access to radiation sources.)*

---

b) Controlling possession of radiation sources:

*(Append policy and procedures to account for radiation sources and / or nuclear materials, as well as, to ensure that inventory do not exceed the licence limit.)*

---

(ix) Worker Training and Authorization:

*(Append a detailed description of the proposed (theoretical and practical) radiation safety training program for each job category, as well as, for contractors and subcontractors.*

*Also include all instructions and information provided for radiation safety and protection including safe work practices.)*

---

(x) Control of Public Exposure:

*(Append policy and procedures for controlling and monitoring discharge to the environment.)*

---

(xi) Management of Radioactive Waste and Disused Sources:

a) *Append details of the policy and procedures for handling and disposing of waste containing radioactive and/or nuclear materials namely waste generation; predisposal, pre-treatment, characterization, treatment, conditioning, storage, control of discharges, clearance, packaging strategies, transport, design and manufacturing of container, handling of waste packages, site evaluation, design, construction, closure and the post-closure stage of estate management facility.*

b) *For disused sources, provide details of the safe management of the sources, as well as, means of disposal.*

c) *Include financial provisions, where appropriate, and any contractual agreements regarding repatriation, disposal etc.*

---

(xii) Emergency Procedures:

*(Append a summary of the policy and procedures that will be used in incidents, accidents and other events that involve radiation source(s) and/nuclear materials. Include procedures for notification and response to events as well as policies and prevention and mitigation of accidents.)*

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(xiii) Decommissioning:

*(Append policy and procedures that are related to decommissioning or remediation of licensed locations.)*

---

(xiv) Radiation Protection Program Policies:

a) As Low As Reasonably Achievable (ALARA) Program:

*(Summary of the policies and procedures of the ALARA program, including condition of service and special arrangement for female workers and persons under the age of 18 years.)*

---

b) Leak testing of sealed sources:

*(Append policy and procedure for leak testing of sealed sources, including the name of the leak test service provider to be used, if applicable.)*

---

c) Transfer of radiation sources:

*(Append policy and procedure for the transfer of radiation sources and / or nuclear materials.)*

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- d) Transfer of radiation sources and / nuclear materials – (for renewal):

*(Append a summary of the annual activity of each radiation source and/ nuclear materials transferred during the previous licensing period.)*

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- e) Packaging and transport of radiation sources and/nuclear materials:

*(Append policy and procedures for packaging and transporting radiation source and/nuclear materials, as well as the policy and procedure for receiving such shipments.)*

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- f) Internal review

*(Append arrangements for supervising and auditing the Radiation Protection Programme.)*

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- (g) Append Safety Assessment for facilities of activities involving sources of Categories 1 and 2:
- 

## **SECTION VI: RADIATION SAFETY PROGRAM-LOW RISK SOURCES**

*(This section is only to be completed for low-risk use-types. See Appendix 1 for classification of low-risk use-types. . Append RPP or other relevant documents that addresses the requirements stated in items (i) to (xiv) below. . In the space provided, state the name of the document and page numbers that specifically address each requirement. For further guidance please refer to the **NSRP Application Guide**.)*

- (a) i. Radiation Safety Officer (RSO) Details

*(Append details of duties and responsibilities associated with RSO's role, copy of CV and relevant RSO training certificates and/ or qualification).*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone : \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

- ii. Alternate RSO Details

*(Append completed Alternate RSO Form and all required details as stated in Appendix 2.)*

- (b) i. Qualified Expert Details (where applicable)

*(Append details of duties and responsibilities of the Qualified Expert's role, copy of CV and relevant qualification(s) and/or training certificates. Alternatively, if the Qualified Expert holds a valid HSRA Certificate of Registration, provide the registration number and expiration date.)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone : \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

HSRA Registration No. (if applicable): \_\_\_\_\_

HSRA Registration Expiration Date: \_\_\_\_\_

ii. Alternate Qualified Expert

*(Append completed Alternate Qualified Expert Form and all required details as stated in Appendix 3.)*

(c) Monitoring Occupational Exposure

*Append the following:*

- i. Procedures for ascertaining, monitoring and recording radiation doses received by all workers.*
- ii. Summary of the annual radiation doses for each worker, for renewals only.*
- iii. Dose limits for planned exposure situation, the established dose constraints that will be used as part of the organization's optimization of protection and safety.*
- iv. Append the list of the type(s) of individual and workplace monitoring equipment that will be used, including the policy and procedure for acquisition, use, monitoring period, maintenance and storage, including the policy for calibration and the name of all service providers.*

(d) Record and Reporting System:

*Append details of the policy and procedures:*

- a) That outlines the process for retention of records and the list of documents that will be retained at each location of licensed activity including field locations.*
- b) For the reporting of accidents, incidents, as well as, any event in which the authority should be notified; e.g. investigations conducted, release of radioactive materials into the environment, remedial actions etc.*

(e) Access Control and Security:

*(Append policy and procedures for restricting access to radiation sources, to only authorized and trained persons, as well as, the policy and procedure for alerting the applicant to the loss, theft or unauthorized use of/ access to radiation sources.)*

(f) Worker Training, Information and Instructions:

*(Append details of the proposed radiation safety training program and all instructions and information provided for radiation safety including local rules.)*

(g) Leak Testing of Sealed Sources:

*(Append policy and procedure for leak testing of sealed sources, including the name of the leak test service provider to be used, if applicable.)*

(h) Emergency Procedures:

*(Append a summary of the policy and procedures that will be used in incidents, accidents and other events that involve radiation source(s). Include procedures for notification and response to events as well as policies and prevention and mitigation of accidents.)*

---

(i) Management of Radioactive Waste and Disused Sources:

- i. *Append details of the policy and procedures for handling and disposing of waste containing radioactive materials - namely waste generation; predisposal, pre-treatment, characterization, treatment, conditioning, storage, control of discharges, clearance, packaging strategies, transport, design and manufacturing of container, handling of waste packages, site evaluation, design, construction, closure and the post-closure stage of estate management facility.*
  - ii. *For disused sources, provide details the safe management of the sources as well as means of disposal.*
  - iii. *Include financial provisions where appropriate, and any contractual agreements regarding repatriation, disposal etc.*
- 

**SECTION VII – SPECIFIC REQUIREMENTS BASED ON PROPOSED LICENCE ACTIVITY**

*Complete only the applicable practices/activities and append all required documents to the completed application form. In the space provided, state the name of the document and page numbers that specifically address each requirement.*

**(a) MEDICAL PRACTICES**

*(If there are multiple Medical Practitioners, append and complete the Additional Medical Practitioners Form in Appendix 4 for each Medical Practitioner to be listed.)*

i. Medical Practitioner

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Licence No.: \_\_\_\_\_

ii. Acknowledgement of Medical Practitioner:

Signature: \_\_\_\_\_

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

iii. Signature of Applicant Authority to indicate designation of medical practitioner:

Signature: \_\_\_\_\_

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

iv. Administration of Radiation Doses for Therapeutic Treatment:

*(Append policy and procedures for delivering radiation doses to patients for therapeutic purposes. Include protocols and procedures for administering radiation doses to pregnant patients.)*

- 
- v. **Quality Assurance Programme for Medical Exposure:**  
*Quality assurance programme shall provide as appropriate: adequate assurance that the specified requirements relating to protection and safety are satisfied.*  
*(Append quality control mechanisms and procedures for reviewing and assessing the overall effectiveness of protection and safety measures. Include, where applicable: protocol and procedures for calibration, acceptance and commissioning testing and reports, maintenance and quality control testing of all equipment and software used for medical exposure.)*
- 
- vi. **Instructions to Caregivers:**  
*(Append instructions that are to be given to persons who will care for a patient who has undergone nuclear medicine therapy.)*
- 
- vii. **Instructions to Patients and their Families:**  
*(Append instructions that are to be given to patients who have recently received nuclear medicine therapy in order to control radioactive contamination effects and radiation exposures to others.)*
- 
- viii. **Release of Patients:**  
*(Append procedures for determining when patients that have received nuclear medicine therapy must be isolated and when they may be released from isolation.)*
- 
- ix. **Decontamination and Release of Treatment Rooms:**  
*(Append procedures for returning rooms that have been used for nuclear medicine therapy to a condition where they can be safely released for other purposes.)*
- 
- x. **Medical Emergencies:**  
*(Append policy and procedures for responding to medical emergencies that involve patients treated with radiation sources during the activities to be licensed, as well as investigations of unintended and accidental medical exposures.)*
- 
- xi. **For Therapeutic Nuclear Medicine: Assignment of Nuclear Medicine Therapy Rooms:**  
*(Append procedures used to assure that patients undergoing nuclear therapy will be assigned to a specifically designated private room with a private washroom.)*
- 
- xii. **Diagnostic Studies Protocols and Procedures:**  
*(Append protocols and procedures for conducting diagnostic studies.)*
- 
- xiii. **For Biomedical Research:**  
*(Append research studies protocol and procedures. Include a statement of the proposed research studies and their proposed radiation dose constraints. Append policy and criteria for selecting human research volunteers. Append policy and procedures for obtaining and assuring informed consent of volunteers.)*
- 
- xiv. **Research Review Committee:**  
*(Append information regarding proposed human research review committee or its equivalent.)*

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**(b) INDUSTRIAL RADIOGRAPHY**

- i. Emergency and Operating Procedures:  
*(Append summary of the Emergency and Operating Procedures.)*

---
- ii. Application for Registration of Use of Packages (one per certificate):  
*(Append a copy of the Registration of Use of Packages application for each package.)*

---
- iii. Maintenance and Use of Exposure Devices (for renewals only):  
*(Append sample copies of records of the quarterly and annual maintenance of exposure devices and associated equipment and of camera use records.)*

---
- iv. Safety and Emergency Equipment:  
*(All safety and emergency equipment which is used as part of the daily radiography operations. List any additional shielding materials.)*

---
- v. Transport Plan:  
*(Append policy and procedure for transporting gauges; include all special requirements for personnel, vehicle, monitoring, security and emergencies.)*

---

**(c) VETRINARY NUCLEAR MEDICINE**

- i. Administering Treatment to Animals:  
*(Append policies and procedures used to administer radiation sources to animals. Owners of animals should provide a (written) consent before radionuclides is used on animals. Append a copy of the treatment consent form.)*

---
- ii. Animal Housing:  
*(Append policy and procedures regarding the housing controls imposed on animals undergoing veterinary nuclear medicine.)*

---
- iii. Disposal of Animal Waste:  
*(Append policy and procedures for management of animal waste arising from veterinary nuclear medicine.)*

---
- iv. Monitoring and Release of Animal Housing:  
*(Append policy and procedures for monitoring and release of animal housing.)*

---
- v. Release of Animals:  
*(Append the criteria used by the applicant to decide when animals treated with radiation sources can be released to their owners.)*

---

**(d) OTHER INDUSTRIES THAT USE NUCLEAR MATERIAL:**

*(This section is only applicable for industries where nuclear material is used; however, the industry or use is not otherwise specified in this application form.)*

i. Procedures:

*(Append procedures regarding the controls of the use of nuclear material.)*

---

ii. Disposals:

*(Append policy and procedures for management of waste arising from the use of nuclear material.)*

---

iii. Monitoring:

*(Append policy and procedures for monitoring the use of nuclear material.)*

---

**(e) GAUGES (FIXED & PORTABLE)**

i. Handling Procedures:

*(Append policy and procedures that detail the handling of fixed and/or portable gauges.)*

---

ii. Rules for Entry into the Vessels or Hoppers:

*(Append policy and procedures to enter vessels or hoppers fitted with gauges.)*

---

iii. Operating Conditions and Maintenance Programme:

*(Append policy and procedures for the operating conditions and maintenance programme.)*

---

iv. Operation of Insertion-Type Fixed Gauges:

*(Append policy and procedure to handle the insertion-type fixed gauges.)*

---

v. Installation and Dismounting of Fixed Gauges:

*(Append policy and procedures for the installing and dismounting of fixed gauges.)*

---

vi. Transport Plan:

*(Append policy and procedure for transporting gauges; include all special requirements for personnel, vehicle, monitoring, security and emergencies.)*

---

vii. Emergency Procedures:

*(In addition to the information provided in Section V: f (xii) append procedures specific to dealing with fire. For portable gauges this must include procedures for responding to and managing situations involving crushed or damaged portable gauges.)*

---

viii. If No Radiation Survey Meter is Available on Site:

*(Append information to demonstrate that the survey meter will be available during an emergency in less than four (4) hours.)*

---

**(f) PETROLEUM EXPLORATION (Well logging)**

i. Release of Radiation Sources and/Nuclear Material to the Environment:

*(Append policy for monitoring release of radiation source(s) and/ nuclear materials to the environment.)*

---

ii. Fishing for Stuck Tools/Sources:

*(Append policy and procedure that will be used during an emergency that involves fishing for stuck tools and sources.)*

---

iii. Abandonment of Sealed Sources:

*(Append policy and procedure for the proposed abandonment of sealed source.)*

---

iv. Abandonment of Unsealed Sources:

*(Append policy and procedures for the abandonment of unsealed radiation sources and/ nuclear materials following sub-surface zone location or sub-surface tracer studies.)*

---

**(g) SERVICING**

i. Servicing Procedures:

*(Append a copy of servicing procedures, specific to each radiation device identified in the application for this activity.)*

---

**(h) MANUFACTURING**

i. Manufacturing or Development Procedures:

*(Append a copy of all manufacturing or development procedures, specific to each sealed source or radiation device identified in the application for this activity.)*

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**DECLARATION**

Declaration: I hereby declare that the information contained herein and any supplemental pages appended to this application are correct to the best of my knowledge and belief.

Legal Operator Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

If company, Affix Company Seal

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To submit the completed application:

Mail the completed application form, together with all relevant documentation to:

Hazardous Substances Regulatory Authority:

Address: 8 Rekadom Avenue, Kingston 10

Email: info@hsra.org.jm

Fax: n/a

The application form, together with all relevant documentation may also be submitted electronically.

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**FOR OFFICIAL USE ONLY:**

**Approved by Hazardous Substances Regulatory Authority**

**Date:**

**Licence No.**

**Registration No.**

**Permit No.**

**Renewal No.**

**Remarks:**

**Signature:**



## APPENDIX 1

### Recommended Categories for Sources Used in Common Practices

For further assistance, refer to IAEA, SAFETY GUIDE, No. RS-G-1.9- Category of Sources

CATEGORY	SOURCE AND PRACTICE	ACTIVITY RATIO (A/D)	RISK
1	Radioisotope thermoelectric generators (RTGs) Irradiators Teletherapy sources Fixed, multi-beam teletherapy (gamma knife) sources	$A/D > 1000$	HIGH
2	Industrial gamma radiography sources High/medium dose rate brachytherapy sources	$1000 > A/D > 10$	HIGH
3	Fixed industrial gauges that incorporate high activity sources Well logging gauges	$10 > A/D > 1$	MEDIUM
4	Low dose rate brachytherapy sources (except eye plaques and permanent implants) Industrial gauges that do not incorporate high activity sources Bone densitometers Static eliminators	$1 > A/D > 0.01$	LOW
5	Low dose rate brachytherapy eye plaques and permanent implant sources X ray fluorescence (XRF) devices Electron capture devices Mossbauer spectrometry sources Positron emission tomography (PET) check sources	$0.01 > A/D$ and $A > \text{exempt}$	LOW

For details on exemption levels refer to the IAEA Safety Standards GSR Part 3

## APPENDIX 2

### ALTERNATE RSO FORM

To designate additional individuals as the alternate RSO, please return this completed form and attach the following required information with the completed application form to the Hazardous Substances Regulatory Authority.

- i. Details of the duties and responsibilities associated with the RSO's role.
- ii. Copy of the curriculum vitae or resume of the prospective alternate RSO indicating radiation safety-related experience.
- iii. Copies of relevant RSO training certificates of the prospective RSO.

RSO Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

RSO Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

RSO Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

RSO Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### APPENDIX 3

#### ALTERNATE QUALIFIED EXPERT FORM

To designate additional individuals as the alternate Qualified Expert, please return this completed form and attach the following required information with the completed application form to the Hazardous Substances Regulatory Authority.

- i. Details of the duties and responsibilities associated with the Qualified Expert's role.
- ii. Copy of the curriculum vitae or resume of the prospective alternate Qualified Expert indicating radiation safety-related experience.
- iii. Copies of relevant training certificates of the prospective Qualified Expert.

However, if the Qualified Expert holds a valid HSRA Certificate of Registration, provide the registration number and expiration date, in lieu of the above stated requirements.

Qualified Expert Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

HSRA Registration No. (if applicable): \_\_\_\_\_

HSRA Registration Expiration Date: \_\_\_\_\_

Qualified Expert Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

HSRA Registration No. (if applicable): \_\_\_\_\_

HSRA Registration Expiration Date: \_\_\_\_\_

Qualified Expert Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

HSRA Registration No. (if applicable): \_\_\_\_\_

HSRA Registration Expiration Date: \_\_\_\_\_

## APPENDIX 4

### ADDITIONAL MEDICAL PRACTITIONER FORM

*This form is to be used if there are multiple Medical Practitioners to be listed. Complete and append one form for each Medical Practitioner to be listed. Each form is to be duly signed by the Medical Practitioner and Applicant's Legal Operator.*

Medical Practitioner Name : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Licence No.: \_\_\_\_\_

#### **Acknowledgement of Medical Practitioner:**

Signature: \_\_\_\_\_

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

#### **Signature of Applicant's Legal Operator to indicate designation of Medical Practitioner:**

Signature: \_\_\_\_\_

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