**File No.: Authority No:**  /

Please quote your file number   
 in all correspondence ⇨

Submit the completed application **to the email address above,** *not to other members of staff*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| INSTRUCTIONS TO THE APPLICANTS | | | | | |
| **Below are the supporting documents to be submitted with the completed application form.**   1. Valid Companies and Intellectual Property Commission (CIPC) registration certificate. 2. Updated internal rules (not exceeding one year of review). 3. Valid instrument calibration certificate(s) from SANAS accredited dosimetry laboratories. 4. Latest annual return, in the case of non-compliance. 5. Monthly reports (only for distributors), in the case of non-compliance. 6. All the sections must be completed. If there are changes to the authority holder name, address, RPO, MP, ARPO, AMP, the relevant application form must be submitted as well. 7. **For Frequently Asked Questions (FAQs), please follow the link:** [https://www.sahpra.org.za/faqs-inspectorate-radionuclides/.](https://www.sahpra.org.za/faqs-inspectorate-radionuclides/) | | | | | |
| **Category of use (Tick ✓)** | | **Type of authority (Tick ✓)** | | **Medical (Tick ✓)** | |
|  | Distribution |  | Possess |  | Radiotherapy |
|  | Irradiators |  | Use |  | Nuclear medicine |
|  | Industrial radiography |  | Convey |  | Other medical (specify) |
|  | Level or density gauges |  | Cause to convey |
|  | Soil gauges |  | Distribute (sealed) |
|  | Moisture gauges |  | Distribute (unsealed) |
|  | Research |  | Import |
|  | Other (specify) |  | Export |
|  |  |

# **Section A: GENERAL INFORMATION**

## **A1. Contact details *COPY FIELDS (a) & (b) FROM YOUR EXISTING AUTHORITY***

|  |
| --- |
| (a) Name of legal entity (RSA-registered company, university, government department, hospital, etc or  natural person): |
| (b) Section, department, branch, or practice: |
| (c) Company registration No. (or ID No. if a natural person): |
| (d) 🕿: |
| (e) Email (with company email address, e.g., [authorityholder*@domain.co.za*](mailto:authorityholder@domain.co.za)): |

## **A2. Details of appointed financial auditors**

|  |  |
| --- | --- |
| Name: | |
| 🕿 (office): | Address: |
| Email (office): |  |

# **A3: Address**

|  |  |
| --- | --- |
| Premises address (where radionuclides are to be installed / use / stored, or where files are kept) | Postal address (to be used for correspondence) |
|  |  |
|  |  |
|  |  |
| Suburb: Postal code: | Suburb: Postal code: |
| City: | City: |

**Download the current Radionuclides forms:** [**www.sahpra.org.za/radiation-control-application-and-report-forms/**](http://www.sahpra.org.za/radiation-control-application-and-report-forms/)

# **A4. Radiation protection officer (i.e., a person appointed in terms of Regulation 6 of R247, the Regulations relating to Group IV Hazardous Substances)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Email (company email address, e.g., [*rpo@domain.co.za*](mailto:rpo@domain.co.za)): | |
| Qualifications: | |
| ID no: | | Address: | |
| 🕿 (office): | |  | |
| 🕿 (cell): | |  | |
| Experience/training in the handling of radioactive nuclides: | | | |
| I am aware of and accept my duties as radiation protection officer: | Signature: | | Date: DD Month YYYY |

# **A5. Acting radiation protection officer (i.e., a second person appointed in terms of Regulation 6 of R247, the Regulations relating to Group IV Hazardous Substances)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Email (with company email address, e.g., [*arpo@domain.co.za*](mailto:arpo@domain.co.za)): | |
| Qualifications: | |
| ID no: | | Address: | |
| 🕿 (office): | |  | |
| 🕿 (cell): | |  | |
| Experience/training in the handling of radioactive nuclides: | | | |
| I am aware of and accept my duties as acting radiation protection officer: | Signature: | | Date: DD Month YYYY |

# **A6. Appointed medical physicist (A6 & A7 are required for oncology and nuclear medicine authorities)**

|  |  |
| --- | --- |
| Name: | ID no. |
| Address: | |
| 🕿 (office): | Email (with company email address, e.g., [*mp@domain.co.za*](file:///C:\Users\Malulekem\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\G505XMNK\mp@domain.co.za)): |
| 🕿 (cell): |  |
| I, , hereby declare that I will render my services as a medical physicist for the abovementioned authority holder. | HPCSA registration no.:  Signature: Date: DD Month YYYY |

# **A7. Appointed acting medical physicist (deputises when the medical physicist is absent)**

|  |  |
| --- | --- |
| Name: | ID no. |
| Address: | |
| 🕿 (office): | Email (with company email address, e.g., [*amp@domain.co.za*](file:///C:\Users\Malulekem\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\G505XMNK\amp@domain.co.za)): |
| 🕿 (cell): |  |
| I, , hereby declare that I will render my services as a medical physicist for the abovementioned authority holder. | HPCSA registration no.:  Signature: Date: DD Month YYYY |

# **A8. Details of appropriate radiation monitoring equipment (e.g., dose-rate meters, contamination monitors, alarm dosimeters, pocket dosimeters, dose calibrators\*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer (make)** | **Model** | **Type** (e.g.,  dose calibrators) | **Serial no.** | **Date of  last calibration** |
|  |  |  |  | DD Month YYYY |
|  |  |  |  | DD Month YYYY |
|  |  |  |  | DD Month YYYY |
| Calibration certificates issued by: | | | | |

# **A9. Proposed dosimetry service (for personal dosimeters, e.g., TLD badges)**

|  |
| --- |
| Name: |
| Address: |

# **A10. Declaration (by RPO or authority holder: CEO/owner)**

## }Annexure: Categorisation of sources

**Category Examples of practices (uses)**

1 Teletherapy, irradiators

2 Industrial radiography, afterloaders (high or medium dose rate)

3 Fixed gauges (level, dredger, conveyor), well-logging gauges

4 Afterloaders (low dose rate), thickness gauges, soil gauges, bone densitometers, static eliminators

5 Low dose rate brachytherapy (eye plaques, permanent implants),   
x-ray fluorescence devices, electron capture devices

|  |  |
| --- | --- |
| I, (PLEASE PRINT):  hereby declare that the information supplied is, to the best of my knowledge, true and correct. | |
| Signature: | Date: DD Month YYYY |
| Designation: | |