1. **Location of Apparatus/ Laboratory:**

|  |
| --- |
| **Room no.:** **Level: Building:**  **School/Centre:**  **Street number:**  **Suburb:**  **State:**  **Postcode:** |

1. **Apparatus / Laboratory Custodian:**

|  |
| --- |
| **Title:** **Given name:** **Family name:**  **Position:**  **Contact number:**  **Email address:** |

1. **Proposed use of Apparatus/ Laboratory:**

|  |
| --- |
|  |

1. **Radiation activity:**

**Where applicable**, list all ionising radiation apparatus (4.1), sealed source devices (4.2) & unsealed radiation source (4.3) in the laboratory.

* 1. **Ionising Radiation Apparatus**

Description of apparatus (please tick one only):

|  |  |
| --- | --- |
| □ General X-Ray apparatus (radiography) | □ XRF |
| □ Radiography/Fluoroscopy | □ Industrial X-Ray |
| □ Mammography | □ Security Screening |
| □ Computed Tomography | □ Linear Accelerator |
| □ Bone Mineral Densitometry | □ Linear Accelerator with Fluoroscopy |
| □ Panoramic Radiography | □ Simulator |
| □ Kilovoltage Therapy X-Ray |  |
| □ Other (please specify): | |

Details of apparatus:

|  |  |  |  |
| --- | --- | --- | --- |
| Details | Manufacturer | Model | Serial No. |
| Control/Generator |  |  |  |
| X-Ray tube housing  (one or more) |  |  |  |
|  |  |  |
| This apparatus has a current certificate of compliance\*? □ Yes □ No | | | |
| Is this apparatus: □ Bought or □ otherwise acquired date acquire: / / | | | |
| From: (company or individual name) | | | |
| Registered company office or street address: | | | |
| Licence Details (Jurisdiction, Type and Number): | | | |
| Estimated maximum workload: | | | |

**\*Note: Certificates of compliance only apply to ionising radiation apparatus used or intended to be used for any medical, veterinary or dental diagnostic purpose. They must be issued by an accredited Consulting Radiation Expert and obtained in accordance with licence conditions.**

* 1. **Sealed Source Devices**

Description of sealed source device (please tick one only):

|  |  |
| --- | --- |
| □ Neutron Probe / Sonde | □ Self-shielded irradiator |
| □ Density & moisture gauge | □ Cobalt therapy unit (Gamma Knife & others) |
| □ Therapy device (Brachytherapy & others) | □ Gamma camera – medical |
| □ XRF analyser | □ Gamma camera – industrial radiography |
| □ Fixed radiation gauge |  |
| □ Other (please specify): | |

Details of sealed source device:

|  |  |  |
| --- | --- | --- |
| Manufacturer | Model | Serial No. |
|  |  |  |
| Does this device have a current certificate of compliance\*? □ Yes □ No | | |
| Is this device: □ Bought or □ otherwise acquired date acquire: / / | | |
| From: (company or individual name) | | |
| Registered company office or street address: | | |
| Licence Details (Jurisdiction, Type and Number): | | |

**\*Note: Certificates of compliance only apply to sealed source devices which are fixed radiation gauges. They must be issued by an accredited Consulting Radiation Expert and obtained in accordance with licence conditions.**

Source details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [Security Classification](http://www.epa.nsw.gov.au/hazmat/srscategory.htm) | Manufacturer/ Supplier | Source Serial No. | Assay Date | Activity at assay | Source/ Radionuclide |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\*Note: where multiple sources are kept in a single device, the activity of the sources should be aggregated as a single unit for the purpose of security classification. Security classification and fee group calculation is per** [**Schedule B of the Code of Practice for the Security of Radioactive Sources.**](https://research.unsw.edu.au/document/schedule_b_of_code_of_practice_for_the_security_of_radioactive_sources.pdf)

* 1. **Unsealed Radiation Source Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Radionuclide** | **Physical Form** | **Radionuclide Group** | **Maximum Activity (Bq)** | **Purpose** |
|  |  |  |  |  |
|  |  |  |  |  |

**\*Note: classification is in accordance with** [**Schedule 2 – Classification of laboratories**](https://research.unsw.edu.au/document/schedule_2_classification_of_laboratories.pdf)**, *Radiation Control Regulation 2013*.**

1. **Laboratory Classification:**

According to [NSW EPA Radiation Guideline 7: Radiation shielding design assessment and verification requirements](http://www.epa.nsw.gov.au/resources/radiation/150136-radiation-guideline-7.pdf), laboratories are divided into three main categories of risk: [low](https://research.unsw.edu.au/document/low_risk_premises.pdf), [medium](https://research.unsw.edu.au/document/medium_risk_premises.pdf) and [high](https://research.unsw.edu.au/document/high_risk_premises.pdf). Where there are two or more different sources that are kept or used at the same location, they must be aggregated in accordance with [**Schedule B of the Code of Practice for the Security of Radioactive Sources.**](https://research.unsw.edu.au/document/schedule_b_of_code_of_practice_for_the_security_of_radioactive_sources.pdf)

The category of risk of this laboratory is:

|  |  |  |
| --- | --- | --- |
| **Room no.:** | **Category of risk (low/medium/high)** | **Section of guideline used** |
|  |  |  |
|  |  |  |

Extra shielding requirements depend on the level of risk arising from the total radiation activity where radiation apparatus, sealed source devices and radioactive substances are kept or used. A shielding plan **must** be prepared and assessed by an appropriately accredited Consulting Radiation Expert for all **medium** and **high risk** laboratories. Does your laboratory require a shielding plan? YES / NO (circle one)

1. **Declaration:**

|  |
| --- |
| **Custodian of Laboratory** |
| **Name:** |
| **Signature:** |
| **Date:** |
| **Head of School or Centre** |
| **Name:** |
| **Signature:** |
| **Date:** |

1. **Room layout:**

Please attach a plan of the laboratory showing the dimensions of the room/s and the location of the radiation apparatus or self-shielded device, or where the radioactive substances are to be used.

1. **Attachment:**

Please attach all available: Certification of apparatus/ Manual of apparatus/ Safe Work Procedure/ Emergency Procedure/ Waste Procedure with this assessment.