APPENDIX 12

Template B12

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|  | **REPUBLIC OF MACEDONIA**Radiation Safety Directorate |  |

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: TRANSFER/TAKING OVER**

**1. Information on the entity submitting the request:**

|  |  |
| --- | --- |
| Unique tax number : |  |
| Name of the legal entity: |  |
| Headquarters of the legal entity: |  |
| Telephone: |  | Fax: |  | E-mail: |  |
| Name and surname of the authorised person: Description of the post: |  |
| Name and surname of the person responsible for radiation protection:  |  |

**2.Institution – user/owner of the source:**

Name:

Address

Telephone/fax/e-mail:

Authorised person:

Person responsible for radiation protection:

**3.Institution – consignee of the radioactive source:**

Name:

Address:

Telephone/fax/e-mail:

Authorised person:

Person responsible for radiation protection:

Permit number:

Date of issuing/validity:

1. **Date of lending/taking over of the radioactive source:**
2. **Reason for lending/taking over:**

**6. Information on the radioactive sources:**

Radionuclide:

Number of sources:

Activity/date:

Chemical/Physical form:

Purpose of the source:

Measured dose rate on the package surface/container

1. **Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**
2. **Individuals involved in the source take-over (name and surname, expertise):**
3. **Information on the temporary storeroom where the source is to be stored (location, protective measures, safety measures, work procedures):**

|  |  |  |
| --- | --- | --- |
| Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Stamp) | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |