

PHILIPPINE NUCLEAR RESEARCH INSTITUTE
Department of Science and Technology
Diliman, Quezon city

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE
(RESEARCH)

INSTRUCTIONS: Execute this application and submit a copy including supplementary documents, personally to the Philippine Nuclear Research Institute. Use additional sheets, if necessary.

1. THIS IS AN APPLICATION FOR: (check appropriate box).
 A. New License
 B. Amendment to License No. _____
 C. Renewal of License No. _____

2. NAME AND MAILING ADDRESS OF APPLICANT. (Institution, firm, hospital, person, etc.)

3. LOCATIONS OF USE. (Specify name of department, room No., street address, and telephone No., if different from Item 2).

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION.

TELEPHONE No. _____
FAX No. _____

5. RADIOACTIVE MATERIAL. (List must include all radioactive materials to be used and /or stored).

A). Radionuclide (Element and mass number, chemical and physical form).

B). Manufacturer's name, model No., and serial No. of each source.

C). Maximum amount of radioactive material in any one source. (Becquerels*)

D). Total amount of each radionuclide to be possessed at any one time (Becquerels).

-----* 1 millicurie = 3.7×10^7 Becquerels

6. DESCRIBE THE PURPOSE FOR WHICH EACH RADIOACTIVE MATERIAL LISTED IN ITEM 5 WILL BE USED.

7. PROPOSED/AUTHORIZED USERS. (List names and titles of persons who will handle or supervise the use of radioactive material. Accomplish Attachment A (NRLSD/LRE-003A) for each person named in Item 7 and submit certificates of relevant training and experience).
 - 7.1. Authorized Handlers

 - 7.2. RADIOLOGICAL HEALTH AND SAFETY OFFICER. (Name of person designated as Radiological Health and Safety Officer, attach certificate of relevant training/ experience, official appointment as RHSO).

8. TRAINING PROGRAM FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

9. FACILITIES AND EQUIPMENT.
 - 9.1. DESCRIPTION OF THE FACILITY.
 - A. List the available materials/equipment to be used in the lab (e.g. shielding materials, handling tongs, calibrators, collimators, etc.).

 - B. Submit annotated plans and drawings or sketches of rooms where radioactive material will be used or stored. Indicate adjacent areas.

9.2. RADIATION DETECTION/MEASUREMENT SURVEY INSTRUMENTS.

| Types of Instruments | Radiation detected | Sensitivity Range (mR/hr or cpm) | Window Thickness (mg/sq. cm) | Use (monitoring, measuring, etc.) |
|----------------------|--------------------|----------------------------------|------------------------------|-----------------------------------|
| | | | | |

9.3. PERSONNEL MONITORING DEVICES/PROCEDURES

- Film Badge
 TLD
 Pen Dosimeter
 Bio-assay

10. RADIATION SAFETY PROGRAM

| | Description attached | Previously submitted on |
|---|--------------------------|-------------------------|
| 10.1. Training Program | <input type="checkbox"/> | _____ |
| 10.2. RHSO Duties | <input type="checkbox"/> | _____ |
| 10.3. Emergency Procedures | <input type="checkbox"/> | _____ |
| 10.4. Operating Procedures | <input type="checkbox"/> | _____ |
| 10.5. Radioactive Material storage Procedure | <input type="checkbox"/> | _____ |
| 10.6. Disposal Procedure for Depleted or damaged source | <input type="checkbox"/> | _____ |

11. FILING & APPLICATION FEE _____ O.R. No. _____
Date: _____

12. OFFICIAL EXECUTING THIS APPLICATION ON BEHALF OF THE APPLICANT NAMED IN ITEM 2, CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION INCLUDING ANY SUPPLEMENTS ATTACHED THERETO, IS TRUE AND CORRECT TO THEBEST OF HIS KNOWLEDGE AND BELIEF.

_____ Signature
_____ Print Name & Title
_____ Date