



NUCLEAR REGULATORY AUTHORITY

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NOTIFICATION FORM

INSTITUTION:

ADDRESS:

DISTRICT: REGION:

TEL. #: FAX #: EMAIL:

NAME OF LEGAL PERSON:

NAME OF RESPONSIBLE PERSON:

NAME OF RADIATION PROTECTION OFFICER:

<u>SOURCE/DEVICE CHARACTERISTICS:</u>	<u>QTY</u>
X-RAY: max KV: max mA: MOBILE/FIXED:	
SOURCE: TYPE: ACTIVITY (Bq or Ci):	
PHYSICAL FORM: MODEL #: SERIAL #:	
ISO CLASS: MANUFACTURER:	
TYPE OF APPLICATION: <i>(Tick As Appropriate)</i>	
SOURCES: ☐ Well Logging ☐ Density/Moisture Gauging ☐ Radiotherapy ☐ Others	
X-RAY: ☐ General Radiography ☐ Dental ☐ Fluoroscopy ☐ CT	
☐ Mammography ☐ Others.....	

DATE OF INSTALLATION:

LOCATION OF SOURCE/PRACTICE:

ASSOCIATED EQUIPMENT:

RADIATION PROTECTION MEANS:

Personal Monitoring:

Area Monitoring:

Protective Devices:

Security of Source(s):

REMARKS:

LEGAL PERSON OR REPRESENTATIVE:

Name: Signature:

Title: Date:

OFFICIAL STAMP OR SEAL: