



NUCLEAR REGULATORY AUTHORITY

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NRA FORM 1A, Rev 0

Under Act 895, Section 21, you are required to apply to possess and use radioactive sources.

APPLICATION FOR AUTHORISATION BY ☐ REGISTRATION ☐ LICENSING TO USE RADIOACTIVE MATERIAL

Registration No.: RS

Authorisation Process No.:

1. Type of Application:

☐

New Authorisation

☐

Amendment to
Authorisation No.:

☐

Renewal of
Authorisation

2. Applicant's Name: (Institution, Firm, Person etc.):

**3. Name and title of Person to be contacted
regarding this application:**

4. Applicant's Mailing Address:

5. Telephone:

Telex No.:

Fax No.:

Email:

District: Region:

6. Name(s) of those who will use or directly supervise the use of the radioactive material:

Full Name

Title

7. Radiation Protection Officer:

7.1 Name: _____ Nationality: _____

7.2 If Non-Ghanaian, Work Permit No.: _____

7.3 Qualification, Certification and Work Experience: _____

8. History of Source(s):

Type of Radioactive Material (Nuclide)	Chemical/ Physical Form	Name of Manufacturer and Model Number	Serial No.	Maximum activity of source to be possessed at any one time	Activity Date	Category	ISO Compliance	Recommended Working Life

9. Describe use of Radioactive Material in details:

9.1 Package Type:

10. Storage of Sealed/Unsealed Sources:

Container and or Device in which each Source will be stored or used	Name of Manufacturer	Model Number

11. Radiation Monitoring Equipment:

Type	Name of Manufacturer	Model Number	Number Available	Type of Radiation Detected	Sensitivity Range

12. Calibration of Instruments Listed in Item 11:

☐ Calibrated by a service company
Name and Address:

☐ Calibrated by Radiation Protection Institute (RPI)
Address:

Frequency: ☐ Quarterly
☐ Yearly

Frequency: ☐ Quarterly
☐ Yearly

13. Personnel Monitoring Service:

Type	Supplier (Company)	Frequency of Exchange
<input type="checkbox"/> Film badges		<input type="checkbox"/> Monthly
<input type="checkbox"/> TLD		<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other(s): _____		<input type="checkbox"/> Others: _____
_____		_____

14. Facility and Equipment: (Attach drawing and descriptions where applicable):

14.1 Laboratory Facilities:

14.2 Storage facilities, Containers, Special Shielding:

14.3 Remote Handling Tools or Equipment:

14.4 Respiratory Protective Equipment:

14.5 Emergency Equipment:

15. Waste Disposal:

15.1 Name of waste disposal service to be employed:

15.2 If the spent isotope will be returned for disposal under an agreement with the supplier, state so and supply a copy of the agreement:

16. Attachments:

16.1 Provide a description of each individual's educational background and working experience with radiation and radiation sources:

16.2 Provide a resume of emergency plan and procedures to deal with any foreseeable incident/accident:

16.3 Technical specification of the source and leakage test programme:

16.4 Provide a copy of your Quality Assurance programme:

16.5 Any other information relevant to prompt processing of this application:

17. Certification:

The applicant and any official executing this certification on behalf of the named applicant certify that all information provided therein, including any attachment hereto is true and correct to the best of his/her knowledge and belief.

Warning – ACT 895 of 2015, Section 77 makes it a criminal offence to make a willfully false statement or representation to the Nuclear Regulatory Authority or authorised Inspector(s).

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Signature of Applicant

.....
Name of Applicant

.....
Title