

DEPARTMENT OF HEALTH

DIRECTORATE, RADIATION CONTROL, PRIVATE BAG X62, BELLVILLE, 7535 ☎ (021) 948 6162; Fax no. (021) 946 1589

NOTIFICATION OF RADIATION OCCURRENCE

NAME AND ADDRESS OF LICENCE / AUTHORITY HOLDER:

Tel no:

Fax no:

Email:

Licence / Authority no:

SOURCE OF RADIATION (Please mark with an X)		MEDICAL AND VETERINARY USE OF DIAGNOSTIC X-RAY EQUIPMENT (Please mark with an X)	
X-ray unit or accelerator	Radio-isotope	PRMD <u>above</u> lead rubber apron ¹	PRMD <u>below</u> lead rubber apron

A. CAUSE OF RADIATION OCCURRENCE (Particulars must be furnished below or on a separate page)

B. MEASURES TO PREVENT RADIATION OCCURRENCE OR RE-OCCURRENCE (Particulars must be furnished below or on a separate page)

C. PARTICULARS OF RADIATION WORKERS AND/OR PUBLIC INVOLVED

Name	Identity No.	BIN OR Badge No	Magnitude of exposure	Accumulated lifetime dose

E. DECLARATION BY LICENCE HOLDER

I hereby declare that the aforementioned information is true and correct to the best of my knowledge.

Name

Signature

Date

1. Personal Radiation Monitoring Device (PRMD)