

Registering a sealed radiation source in New Zealand

Office of Radiation Safety, Ministry of Health

Under Section 31 of the Radiation Safety Act 2016, anyone who manages or controls a radiation source in New Zealand must register the source with the Office of Radiation Safety. Please complete all fields in the applicable sections and email to: orsenquiries@health.govt.nz

SECTION 1.

Source Licence Holder

Source Licence Number

Name of Source Licence Holder
(eg, a registered body corporate or sole trader)

Physical address where the source(s) are used/installed

Contact person's name

Contact person's phone number

Contact person's email address

i How to use this form:

- Save this form to the computer and open in Adobe Acrobat.
- All the fillable form fields will be highlighted.
- Fill each field by selecting it and typing.
- Save the form to the computer and email it to orsenquiries@health.govt.nz

All sections must be filled in unless not applicable.

Please email completed form at orsenquiries@health.govt.nz or mail to Office of Radiation Safety, Ministry of Health PO Box 5013, Wellington 6140

SECTION 2.

Source Information

Please select the radiation source type to be registered

Sealed radiation source

Device incorporating a sealed radiation source

2.1 Sealed radiation source

i Complete these details only if you selected 'Sealed radiation source'

Radionuclide	Serial number	Current activity (Bq) or the level of activity on a specified date of measurement	Date of measurement	Import consent number (if known)
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I have attached an additional table with further source details (if required).

I have attached a copy of manufacturer's product brochure that include information required in this section.

2.2 Device incorporating a sealed radiation source

i Complete these details only if you selected 'Device incorporating a sealed radiation source'

Device make	Device model	Device serial number	Intended use	Radionuclide	Radionuclide serial number	Current activity (Bq) or the level of activity on a specified date of measurement	Date of measurement	Import consent number (if known)
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I have attached an additional table with further source details (if required).

I have attached a copy of manufacturer's product brochure that include information required in this section.

SECTION 3.

Declaration

I declare that the information on this form is true and correct.

All sections must be filled in unless not applicable.

Please email completed form at orsenquiries@health.govt.nz or mail to Office of Radiation Safety, Ministry of Health PO Box 5013, Wellington 6140