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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **WHS FORM** | **WHS68** |
| IONISING RADIATION APPARATUS PURCHASE |

On purchase of all ionising radiation apparatus:

* complete this form and keep a copy in your laboratory/clinic folder or local SharePoint
* update, through your Departmental RSO, the university Radiation Source Register maintained on the Radiation Safety Committee SharePoint. Notify the University RSO by email of the update.
* submit, through your Departmental RSO and the University RSO, a registration application form to the EPA Radiation Protection Branch.

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| **Unit/Institute:** | **Location:** | **Date:** |
| Owner details |
| Name of contact person:  |  |
| Address: |  |
| APPARATUS details |
| Name of apparatus: |  |
| Location of apparatus:  |  |
| Use of apparatus:  |  |
| Is the apparatus fixed, mobile or portable:  |  |
| EPA Registration No (if already registered): |  |
| identifying information |
| Make of apparatus: |  |
| Model of apparatus:  |  |
| Serial number of generator: |  |
| Serial number of tube housing: |  |
| exposure capacity |
| Maximum tube voltage (kV): |  |
| Maximum tube current (mA): |  |
| Is apparatus capable of fluoroscopy: |
| Installation & MAINTENANCE |
| Name of person/company from whom apparatus purchased:  |
| Name of person/company who installed apparatus:  |
| Name of person/company intended to carry out servicing and calibration of the apparatus: |
| Person filling out form (Signature/Date):  |