Moving a source of ionising radiation within the University (Sealed / X-Ray)

No sealed (closed) source or X-ray generating equipment is permitted to be moved without prior approval from the Health & Safety Department. This includes electron microscopes and other sources of X-rays such as electrical equipment emitting ionising radiation at a potential difference of more than 5,000 volts.

All sealed sources of ionising radiation must have a ‘source owner’ and RPS

This form must be completed and returned to the Health & Safety Department, University Park.

|  |  |
| --- | --- |
| **Project title** | **Project Reference** |
|  |  |
| **Author (Source / Equipment owner)** |
| Name & position: | Date: | Signature: |
|  |  |  |
| **Reviewer (Radiation Protection Supervisor (RPS), Academic Supervisor or Principal Investigator)** |
| Name & position: | Date: | Signature: |
|  |  |  |
| **Approver\* (Senior Radiation Protection Supervisor, or Head of Department)***\*This is the approver of the proposal before submission to the H&S Dept. (not the authorisation for work to proceed)* |
| Name & position: | Date: | Signature: |
|  |  |  |
| **Purpose of move** | **H&S Department device number** |
|  |  |
|  | **Equipment serial number / local reference** |
|  |  |
| Has Radiation risk assessment been reviewed for the new location? | Yes |[ ]  No |[ ]
| Radiation Risk Assessment reference: |  |
| Has Local Rules been drafted for the new location? | Yes |[ ]  No |[ ]
| Local rules reference: |   |
| **Type of Equipment** |
| Closed (sealed) Source*Go to section (A)* |[ ]  X-Ray / Radiation Generator*Go to section (B)* |[ ]

|  |
| --- |
| Section (A) – Closed (sealed) Sources |
| **Sealed source(s) to be moved** |
| *Complete the table below for all isotopes to be moved* |
| Isotope | Activity(MBq) | Description(Strip source, Reference, LSC) | Reference number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Has a risk assessment been completed for the move:** | Yes |[ ]  No |[ ]
| **Risk Assessment reference:**  |
| **Have local rules been drafted for the new location** |
| **Current location** | **New location** |
|  |  |
| **Anticipated date of move** |
|  |
| **Source / Equipment Security** |
| *How will the source / equipment be kept secure:* |
|  |
| **Source Accountancy** |
| *Who will be responsible for accountancy checks for the source:* |
| Name & Position: | Date: | Signed: |
|  |  |  |

|  |
| --- |
| Section (B) – X-Ray Generating Equipment |
| **Type of Equipment** | **Manufacturer** |
|  |  |
| **Serial Number** | **Anticipated date of move** |
|  |  |
| **Purpose of move** |
|  |
| **Energy Range of Emissions:** |
|  |
| **Current location:** | **New location:** |
|  |  |
| **Critical examination date:**  |  |
|  |

|  |
| --- |
| **Person performing the move** |
| Name & position: | Date: | Signature: |
|  |  |  |
| **Countersigned by Radiation Protection Supervisor\*** |
| Name & position: | Date: | Signature: |
|  |  |  |
| **Approval by H&S Department** |
| Name & position: | Date: | Signature: |
|  |  |  |

* *The Radiation Supervisor will be responsible for the day-to-day safe use and supervision of the equipment in accordance with the University Local Rules for Working with X-Ray Equipment.*