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)* | | | | | | | | |  |

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| 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 | | |
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| **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: | | | |
|  | |  | | | |  | | | |

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| --- | --- | --- |
| 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.*