

**Government of India
Atomic Energy Regulatory Board**

Niyamak Bhavan
Anushaktinagar,
Mumbai – 400 094

**APPLICATION FOR AUTHORISATION FOR PROCUREMENT /NOC FOR IMPORT AND USE
OF RADIOACTIVE MATERIAL FOR MANUFACTURING OF CONSUMER PRODUCTS**

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- a) *This application would be considered by the competent authority for issuance of relevant consents, under the Atomic Energy (Radiation Protection) Rules, 2004.*
- b) *The duly filled-in form should be sent to Head, Radiological Safety Division (RSD), AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 with the necessary documents*
- c) *This form is intended to enable AERB to assess the suitability of the institution for procurement and use of radiation sources, (hereinafter referred to as "source")*
- d) *Incomplete applications and those without all relevant documents are liable to be rejected*
- e) *All the forms pertaining to this facility can be downloaded from the website www.aerb.gov.in*
- f) *Attach extra sheets wherever required*
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**PART A
GENERAL PARTICULARS**

- A.1 Name and address of the Institution :
Telephone No
Fax No.
Institution Personnel Monitoring Service Number
Email
- A.2 Name, Designation and address of the Head of the Institution\$:
Telephone No. (O); (R)
Fax No.
Mobile No.
Email
- A.3 Representative of the applicant to be contacted regarding the application:
Telephone No. (O); (R)
Fax No.
Mobile No.
Email
- A. 4 Name and designation of the Radiological Safety Officer (RSO)* :
Telephone No. (O) (R):
Fax No.
Mobile No.
Email
RSO Approval reference no. :
Valid up to :
- A.5 Address for correspondence with PIN code:

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- # *Applicant is the person in whose name Authorisation to handle the radiation generating equipment may be issued, under Atomic Energy (Radiation Protection) Rules, 2004. {AE(RP)R-2004}, and would have the responsibilities of "licensee" prescribed in AERPR-2004 and should be a full time employee of the institution*
- \$ *The head of the institution is the person who would have the responsibilities of "employer" prescribed in AE(RP)R-2004*
- * *RSO is the person who is so designated by employer and approved by competent authority and have the responsibilities of "Radiological Safety Officer" prescribed in AERPR-2004.*

PART B
DETAILS OF THE PROPOSED FACILITY
(Strike out the portion whichever is not applicable)

B.1 For procurement of Thorium Nitrate/Thorium Oxide/Others:

B.1.1 Name of Radioactive Material for which application is made (please mention the radioisotope with chemical name):

B.1.2 Purpose of the procurement of Radioactive Material:

B.1.3 Quantity/Activity of Radioactive Material proposed to be procured: kg per month/annum

B.1.4 Details regarding products which will contain radioactive material:

Type of product	Average quantity/activity in each product	Maximum activity in each product	No. of products likely to be manufactured per annum

B.1.5 Name of the supplier

Address:

Tel. No.

Email id:

B.1.6 Storage Room for Radioactive Material

i) Radioactive Material will be stored in an exclusive room : Yes/ No
 If yes; Exclusive room is made up of : Concrete/Brick/Steel/Wood

ii) Maximum amount of Radioactive Material proposed to be stored : ----- /kg

B.1.7 Handling Of Radioactive Material:

i) Whether any personnel protection measures adopted to avoid dust and inhalation of Radioactive Material during handling. : Yes/ No

ii) If yes; measures adopted to be listed in step of handling of radioactive material (e.g. mechanical/manual handling, use of gas mask / cloth / gloves / gum boots etc.)

(attach extra sheet, if required)
 1. Step.1(mention the name of the step):(mention measures adopted)

2. Step.2(mention the name of the step):(mention measures adopted)

.....(mention measures adopted)

3. Step.3(mention the name of the step):(mention measures adopted)
4. Step.4(mention the name of the step):

B.1.8 Handling Area

- i) Condition of the floor : Smooth / rough / lined with glazed tiles
- ii) Drainage is connected to the main sewage. : Yes/ No;
- iii) If No, details of alternate measures to be mentioned
- iv) Number of exhaust fans installed : -----
- v) Number of exhaust fans in working condition : -----
- vi) Whether masks are used during the entire manufacturing process. : Yes/ No

B.1.9 Status of Manpower

Name of employee	Gender	Age	Educational qualifications	Working experience	Type of work assigned

B.1.10 Status of radiation survey meter:

- Whether appropriate radiation survey meter is available: Yes/No
- If yes, whether radiation survey meter is in working condition: Yes/No
- Make and model of survey meter:
- Mention the last date of calibration:

B.1.11. Status of personnel monitoring service(PMS):

- Whether PMS is available to the workers handling radioactive material: Yes/No
- If yes, please mention the name of workers and PMS numbers allocated to them:

Serial No.	Name	PMS Number

B.2 For Procurement of Radioactive Gaseous Mixtures:

B.2.1 Purpose of the procurement of Radioactive Gaseous Mixtures:

B.2.2 Details regarding the Radioactive Gaseous Mixtures:

Name of the gases present in the mixture			Specific	Total Activity	Total Volumet
Name1:.....	Name2:.....	Name3:.....			

Isotope 1	% of volume in the mixture	Isotope 2	% of volume in the mixture	Isotope 3	% of volume in the mixture	activity of the mixture	to be procured per annum	to be procured per annum

B.2.3 Details regarding the Container in which the Mixture will be transported:

Volume of the container	Pressure at which the containers will be filled	Maximum radiation level on the external surface of the container in mSv/h	Maximum radiation level at 1m from the external surface of the container in mSv/h	No. of containers to be procured per annum

B.2.4 Details regarding products which will contain radioactive material:

Type of product	Pressure at which the product will be filled	Volume of gas in the product	Average activity in each product	Maximum activity in each product	No. of products likely to be manufactured per annum

B.2.5 Name of the supplier

Address:

Tel. No.

Email id:

B.2.6 Storage Room for the Radioactive Gaseous Mixtures:

- i) Whether is the Radioactive Gaseous Mixture will be stored in an exclusive room : Yes/ No
 If yes; Exclusive room is made up of : Concrete/Brick/Steel/Wood

B.2.7 Handling Of Radioactive Gaseous Mixtures

- i) Whether any personnel protection measures adopted to avoid intake of Radioactive Gaseous Mixtures during handling, in case of any leakage. : Yes/ No

b.2.8

- ii) If yes; measures adopted to be listed in step of handling of radioactive material (e.g. mechanical/manual handling ,use of gas mask / cloth / gloves / gum boots etc.)
 (attach extra sheet, if required)

.....(mention measures adopted)

1. Step.1(mention the name of the step):
2. Step.2(mention the name of the step):
3. Step.3(mention the name of the step):
4. Step.4(mention the name of the step):

B.2.9 Handling Area

- iv) Number of exhaust fans installed : -----
- v) Number of exhaust fans in working condition -----
- vi) Whether masks are used during the entire manufacturing process. : Yes/ No

B.2.10 Status of Manpower

Name of employee	Gender	Age	Educational qualifications	Working experience	Type of work assigned

B.2.11 Status of radiation survey meter:

1. Whether appropriate radiation survey meter is available: Yes/No
2. If yes, whether radiation survey meter is in working condition: Yes/No
3. Make and model of survey meter:
4. Mention the last date of calibration:

B2.12. Status of personnel monitoring service(PMS):

1. Whether PMS is available to the workers handling radioactive material: Yes/No
2. If yes, please mention the name of workers and PMS numbers allocated to them:

Serial No.	Name	PMS Number

PART C

C.1 Documents to be attached with the Application:

- 1) Lay out plan of production unit/factory Site drawing (to scale 1:200)
- 2) Lay out plan of production unit/factory Site drawing (to scale 1:50) indicating clearly various operations carried out in the factory.
- 3) Proof from local state govt. authorities that the land / plot for installation of facility is in the name of the applicant.
- 4) NOC from other statutory bodies including local municipality.

**PART D
UNDERTAKING**

I/ We hereby certify that

- a) all the statement made above are correct to the best of my knowledge and belief
- b) no activity will be carried out for purposes other than those specified in this form;
- c) all provisions of the Atomic Energy (Radiation Protection) Rules, 2004 shall be strictly complied with.
- d) the facility shall not be transferred/sold/ rented by me/us to another without the prior permission of the competent authority;
- e) full facilities will be accorded by me/us to any authorised representatives of the competent authority to inspect this installations at any time;
- f) radiation surveillance of the installation and health surveillance of all persons engaged in radiation work as and when required by the competent authority will be duly carried out at my/our expense
- g) any female worker on informing me/us, that she is pregnant, I/we will modify her working conditions, as necessary
- h) all recommendations made from time to time by the competent authority in respect of radiation safety and physical security measures will be duly implemented;
- i) duly qualified/experienced radiological safety officers/ operators, will be appointed if felt necessary in the opinion of the competent authority, before the commencement of the manufacturing facility;
- j) the procedures approved by AERB regarding decommissioning/ dismantling and reuse of the site of the decommissioned facility will be strictly complied with.
- k) AERB shall be kept informed about any changes in the information furnished above.

In case, it is found, at any stage, that the information provided by me/us is false and/ or not authentic, then I/ we hereby accept that appropriate regulatory actions may be initiated against me/us and our institution, in accordance with the applicable Rules.

Place:

Date: `

Signature:

Name of the Applicant:

Designation:

Signature:

Name of Head of the Institution:

Designation:

(Seal of the institution)