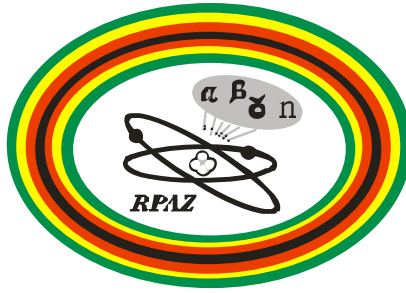


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RPAZ-LD-550

RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT [CHAPTER 15:15]

FORM FOR NOTIFICATION OF INTENT TO DISPOSE RADIOACTIVE SOURCES **A. GENERAL INFORMATION**

Name of Applicant..... Title.....

Address.....

Telephone.....

Name of Radiation Safety Officer.....

Address where radiation sources/ equipment are currently located.....

.....

.....

.....

Telephone no.....Fax No.....

Location of facility:

Name of Unit / Department.....

Sub-Location/ Town.....

District:

Region.....

Building.....Room No:

B. LIST OF EQUIPMENT/SOURCES FOR DISPOSAL:

Radiation Source	RPAZ Registration Number

C. RADIOACTIVE MATERIALS SPECIFICATIONS:

Give details of radioactive materials that you intend to dispose and attach supplier / manufacture details

Name of source	Element Mass Numbers	Chemical Or Physical state	Number Of Sources	Initial Activity (curies/Bq)	Name of Manufacturer	

D. RADIATION GENERATING EQUIPMENT SPECIFICATIONS:

Give details of the equipment:

Manufacture:

Model:

Operating parameters:

.....

E. DECLARATION:

I, (name) certify that all the information given herein is true and correct to best of my knowledge.

Date: Signature of Applicant