



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR
SERVICE NL
OCCUPATIONAL HEALTH AND SAFETY DIVISION
APPLICATION FOR
OWNERSHIP REGISTRATION OF RADIATION EQUIPMENT

The Radiation Health and Safety Act
(Chapter R-1)

Registration No: _____

NOTE:

Please type or print
Insert X where applicable
on blank line or in box
Complete and return this form to:

Department of Service NL
Occupational Health and Safety Division
P.O. Box 8700, St. John's, NL
A1B 4J6

Under the Radiation Health and Safety Regulations, Section 5, the undersigned as owner ___ Or as Agent for the owner ___ of radiation equipment applies for registration with the Occupational Health and Safety Division. Each location will require a separate application.

NOTE:

If this equipment has been previously registered, enter Registration No., owner and any change to previous information only.

A. The radiation equipment is located at:

Number, Street _____ Suite No. _____ Telephone No. _____
City: _____ Postal Code: _____

B. The individual responsible for safe use of equipment is: _____

Number, Street _____ Suite No. _____ Telephone No. _____
City: _____ Postal Code: _____

Business address is at "A" _____ or is:

Number, Street _____ Suite No. _____ Telephone No. _____
City: _____ Postal Code: _____

Business address is at "B" _____ or is:

Number, Street: _____

Business Address: _____ Telephone No. _____

City: _____ Postal Code: _____

C. The owner of the premises in which the radiation equipment is (are) located is the same as "A" _____ or "B" _____ or is

Number, Street: _____

Business Address: _____ Telephone No. _____

City: _____ Postal Code: _____

D. The general nature of the owner's business is:

- | | | | | | | | | |
|---|--------------------------|-----------------|---|--------------------------|-------------------------|---|--------------------------|------------------|
| C | <input type="checkbox"/> | Chiropractic | E | <input type="checkbox"/> | Education & Training | D | <input type="checkbox"/> | Dental |
| H | <input type="checkbox"/> | Hospital/Clinic | I | <input type="checkbox"/> | Industrial & Commercial | O | <input type="checkbox"/> | Other |
| V | <input type="checkbox"/> | Veterinary | R | <input type="checkbox"/> | Research & Development | F | <input type="checkbox"/> | Food Inspections |

E. Radiation equipment as of this date of registration and at the location indicated at 'A", (If insufficient space provided, please attach additional sheet(s). If a registration number has not yet been issued, leave column blank).

MAKE	GENERATOR MODEL & SERIAL (GANTRY FOR CT) NOS.	ROOM NO.	DATE INSTALLED THIS LOCATION	FUNCTION CODE	DATE OF RADIATION SAFETY REPORT	REGISTRATION NO. ISSUED

*** Function Code:**

- | | |
|------------------------------------|---|
| 1. Simulator | 8. Training/instruction |
| 2. Radiography (including Digital) | 9. Demonstration, repair, installation, testing |
| 3. Fluoroscopy (including Remote) | 10. Industrial Radiography (X-Ray) |
| 4. Rad/Fluoro Combination | 11. Analytical (Diffraction) |
| 5. Mammography | 12. Food Inspection |
| 6. Mobile | 13. Other (Specify _____) |
| 7. Dermatology | |

F. The number of radiation workers employed at this location _____.

G. The owner described at "C" also owns radiation equipment at other locations NO ___ Yes ___

If yes, please give address below. If insufficient space provided, please attach additional information to form.

H. The registrant undertakes to notify the Occupational Health and Safety Division of any changes to any information given herein.

DATED AT _____ THIS _____ DAY OF _____ 20__

Signature of applicant: _____ Name (Please print) _____

Address: _____

Occupational Health and Safety Use Only