1. **PARTICULARS OF APPLICANT**

|  |
| --- |
| Name (legal person) e.g. a company registered in the RSA, an university, government department, hospital, etc.) OR name of partnership/trust etc. |
| Section or division of establishment - e.g. university dept, branch or division of company, a hospital (if part of a group), division of a partnership, etc. (if applicable) |
| 🕿 | Fax no.: |
| **General** Email: |
| Do you have any other licence(s)? | Yes | No | If yes, state one of them. |

1. **Postal address (To be used for correspondence)**

|  |
| --- |
|  |
|  |
|  |
| Suburb | Postcode: |

1. **RESPONSIBLE PERSON**

|  |  |  |
| --- | --- | --- |
| Surname: | Initials: | ID no: |
| Experience regarding radiation protection: |
| Designation: | Qualification: |
| 🕿 | Fax no.: |
| Email: | Cell no |
| I am aware of my duties: | Signature: | Date: |

1. **Appointed medical physicist**

|  |  |  |
| --- | --- | --- |
| Surname: | Initials: | ID no: |
| HPCSA reg. | Qualifications: |
| 🕿 | Email: |
| Fax no: | Cell no: | Full time | Part time |
| I am aware of my duties: | Signature: | Date: |

1. **Appointed *ACTING* medical physicist**

|  |  |  |
| --- | --- | --- |
| Surname: | Initials: | ID no: |
| HPCSA reg. | Qualifications: |
| 🕿 | Email: |
| Fax no: | Cell no: | Full time | Part time |
| I am aware of my duties: | Signature: | Date: |

1. **IDENTIFICATION OF PRODUCT**

|  |
| --- |
| Name of manufacturer: |
| Brandname: | Year of manufacture: |
| Model: | Unit serial no: |

1. **OPERATIONAL FACTORS**

|  |  |  |
| --- | --- | --- |
| Primary particles accelerated: | Electrons | Protons |
| Type of radiation treatment: | Electrons | Photons | Neutrons | Protons | Other |
| State all the energies: | MeV |
|  | kV/MV |
| Maximum current: | μA/mA |

1. **generic description**

|  |
| --- |
| State the generic code of the product as found on the attached list (see page 3): |

1. **ACTIVITIES ENVISAGED**

|  |
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| ..........................................................................................................................................................................................………………………………………………………………………………………………………………………………………............................................................................................................................................................................................. |

1. **PARTICULARS OF PREMISES**

|  |
| --- |
| Address: - General (i.e. block, floor, room) |
| Building: | Street: |
| Section: |
| Suburb: | Postcode: |

1. **INSTALLATION**

|  |
| --- |
| **Please attach a diagram or plan** indicating the appropriate enclosure or room with special reference to:(a) The normal location of the wave-guide; the direction and extent of gantry movement; general direction(s) of the useful beam; locations of any windows and doors; and the location of the control panel.(b) The structural composition and thickness or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned.(c) The dimensions of the room(s) concerned.1. The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present.
2. Design dose levels for control and uncontrolled areas (see NCRP Report No. 151)
 |

1. **DETAIL OF PERSON/COMPANY FROM WHOM ELECTRONIC PRODUCT WAS OBTAINED (Supplier)**
	1. ***New unit***

|  |
| --- |
| Name and postal address: |
|  |
| 🕿 | Licence number for Sale of this model: |

* 1. ***Second-hand unit***

|  |
| --- |
| Name and postal address: |
|  |
| 🕿 | User's licence number ( previous owner): |
| State the reason if licence number is unavailable: ..........................................................................................................…………………………….............................................................................................................................................................................................. |

1. **DETAIL OF PERSON/COMPANY THAT WILL INSTALL THE ELECTRONIC PRODUCT (INSTALLER)**

|  |
| --- |
| Name and postal address: |
|  |
| 🕿 | Fax no: |

1. **DETAIL OF PERSON/COMPANY THAT WILL maintain (service) THE ELECTRONIC PRODUCT (maintainer)**

|  |
| --- |
| Name and postal address: |
|  |
| 🕿 | Fax no: |

1. **DOSIMETRY SERVICE**

|  |
| --- |
| Name of dosimetry service that will be made use of: |

1. **DECLARATION**

|  |
| --- |
| I, (on behalf of) the applicant, (PLEASE PRINT):...................................................................................... hereby declare that the information supplied is to the best of my knowledge true and correct. |
| Signature: | Date: |
| Designation: |

**Generic codes for therapeutic listed electronic products**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of unit** | **Generic code** | **Type of unit** | **Generic code** |
| Open sector cyclotron | M141 | Neutron therapy using a cyclotron | M144 |
| Orthovoltage (kV) radiotherapy unit | M142 | Proton therapy using a cyclotron | M145 |
| Linear electron accelerator | M143 | Solid pole cyclotron | M146 |

|  |
| --- |
| **For office use only** |
| **Classification of user:** | **File no.** | **Licence no.** |
| **Conditions:** |
| **Comments:** |
| **Inspected by:(code):** | **On** | **Checked** | **Date** |