 **Radiation Control**   
 Private Bag X62 Enquiries: Admin

**RN525**

BELLVILLE 🕿: 021-957 7472 / 021-015 5511  
 7535 Email: [radionuclides@sahpra.org.za](mailto:radionuclides@sahpra.org.za)

**APPLICATION FOR AUTHORITY TO   
DISPOSE OF (DISCARD) SEALED RADIOACTIVE MATERIAL**IN TERMS OF SECTION 3A OF THE HAZARDOUS SUBSTANCES ACT 15 OF 1973

Please quote your file number   
 in all correspondence ⇨

**File no.: Authority no: x x / x x x x**

Submit the completed form, with supporting documents as required, to ***the above*** ***email address***.

## Section A: General information

1. Name of authority holder:

2 🕿 (office): Fax:

3. 🕿 (cell): Email:

4. Street address:

Post code:

## Section B: Details of depleted source(s)

1. Please *indicate with a* ***✓******on a copy of your source list*** the sources you are replacing or disposing of,   
and attach that list to this form. (The source list starts on page 2 of your current authority.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |
|  |  |  |  |  |
| Yes |  |  | No |  |
|  |  |  |  |  |
| Yes |  |  | No |  |

2. Do you intend to exchange the above-mentioned radionuclide(s)?

*(If yes, please give full details of replacement source(s) overleaf)*

3. Must packaging material be returned?

4. Has the source been damaged in any way, e.g. is it leaking?

**(If yes, give full details on a separate sheet.)**

5. Details of conveyor accepting consignment for disposal /exchange:

Company name: File & authority no.:

Contact person: 🕿:

**Collected by:** (Signature) Date:

Print name:

**FOR OFFICE USE (NECSA) – CONFIRMATION OF DISPOSAL**

Received: Date: Sign: Ref:

Disposed of: Date: Sign: Ref:

Total cost:

## Section C: Details of replacement *(new)* source(s)

Ignore this section if you are not exchanging sources.   
***Read the table headings carefully – many users get this wrong.***

In Column 1, give the sequence numbers of the *depleted* sources as they appear on your current source list ***(and attach the list).*** *Columns 2 -6 are for the new sources.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sequence nos. of ***old* sources**  to be replaced | Details of *REPLACEMENT* sources, i.e. the ***new* sources** | | | | |
| Nuclide | Serial number | Activity (Bq) | Reference date | \*Locality/installation where source is to be used |
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\* If the locality/installation where the replacement nuclide is to be used has changed, please provide details on a separate sheet. Submit sketches (not working drawings) indicating distances between installed source(s) and walkways and/or workstations frequented or occupied by employees.

## Section D: Signature

Completed by: Signature:

Email: Date:

🕿:

**Note**

This form (with marked source list) must be sent in, and disposal authority obtained, *before* sources are disposed of.   
On receipt of the sources, Necsa NLM will send the form back to Radiation Control with the last section of page 1 completed. Only then will the sources be removed from the authority.

Download the current Radionuclides forms from [www.sahpra.org.za](http://www.sahpra.org.za) (Health Products tab).

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