

Is any part of this application subject to a request for exemption from the PATI policy on public access to licensing information?

Yes

No

(Note: If Yes, attach details of request for exemption)

Contact Person For Billing

Name:

Title:

Telephone Number:

Fax Number:

Email:

Proof of Legal Status

Business Number:

Incorporated Company

Public Institution (Specify the Enabling Legislation [Act]):

Sole Proprietorship

Append proof of applicant's incorporation, registration or charter (specify the appendix name and number).

Section 2 : Licensed Use Type, Activities and Locations

Licensed Use Types

Indicate only one prescribed equipment use type. A separate application is needed for each.

1. Medical

Radiographic

Fluoroscopic

Radiographic/ Fluoroscopic (one tube)

Ionizing Radiation License (Form RF01)

Mammographic

Bone Densitometry

X-ray computed tomography (CT)

- Simulator
- Therapy (<500 keV)
- Positron emission tomography (PET)
- Positron emission tomography – magnetic resonances imaging (PET-MRI)

2. DENTAL

- X-ray Intra-Oral
- Cone beam computed tomography
- 2D Panoramic unit
- 3D Panoramic unit
- Handheld X-ray unit

3. MEDICAL ACCELERATOR (note energy in comments)

- Electron linear

4. INDUSTRIAL/EDUCATIONAL (Non-human use)

Industrial radiographers must submit copy of operating and safety procedures, training program, radiographer qualifications

- Non-cabinet Radiographer
- Non-cabinet Fluoroscopic
- Diffraction
- Spectrometry
- Fluorescence
- Gauge
- Cabinet
- Baggage
- Cargo
- Shipping Containers
- Other (explain in comments)

5. OTHER TYPES

- Accelerator

- Teletherapy
- Brachytherapy Remote Afterloader – High Dose Rate (HDR)
- Brachytherapy Remote Afterloader – Low Dose Rate (LDR)
- Brachytherapy Remote Afterloader – Intravascular Brachytherapy (IVB)

(applies to afterloaders using only pure β - emitters (e.g., Sr-90 or P-32))

Licensed Activities

Check as many activities as you intend to conduct in association with the nuclear substances that are associated with or arise from your selected prescribed equipment use type:

- Store Transfer Import Export
- Other:

Principle Location of Use and/or Storage

Building: _____ Room Number: _____

Street: _____ Parish: _____ Postal Code: _____

- Used At Stored At Both

Other Locations of Use and/or Storage

Building: _____

Street: _____ Parish: _____ Postal Code: _____

- | | | | |
|--------------|----------------------------------|------------------------------------|-------------------------------|
| Room Number: | <input type="checkbox"/> Used At | <input type="checkbox"/> Stored At | <input type="checkbox"/> Both |
| Room Number: | <input type="checkbox"/> Used At | <input type="checkbox"/> Stored At | <input type="checkbox"/> Both |
| Room Number: | <input type="checkbox"/> Used At | <input type="checkbox"/> Stored At | <input type="checkbox"/> Both |
| Room Number: | <input type="checkbox"/> Used At | <input type="checkbox"/> Stored At | <input type="checkbox"/> Both |

Room Number:

Used At

Stored At

Both

More Locations Appended As:

Section 3 : Nuclear Substances and Prescribed Equipment

Class II Prescribed Equipment (If more space is required, please submit on a separate sheet.)

A. Medical Accelerators					
Manufacturer	Model Name & Number	Certificate Number	Serial Number (If Available)	Types of Beam and Output Energies of the Accelerator	Location (Room Number)

B. Teletherapy or Brachytherapy Machines							
Manufacturer	Model Name & Number	Certificate Number	Device Serial Number	Name or Symbol and Mass Number of Nuclear Substance	Maximum Activity of Nuclear Substance in Device	Source Model Number	Source Serial Number (If Available)

Sealed Sources Which Are Not Incorporated Into Class II Prescribed Equipment (e.g., Replacement Sources or Check Sources)

Telephone Number:

Fax Number:

Email:

Description of DSP's qualifications and experience is appended as:

DSP Acknowledgement

I accept the designation of supervising physician.

Date:

DD / MM /
YY

Signature:

Organizational Management Structure

Append a description of the internal allocation of functions, responsibilities and authority of the radiation safety management structure.

Appended as:

Terms of Reference for the Radiation Safety Committee (If Applicable)

Append a copy of the terms of reference or the mandate for radiation safety of the "Radiation Safety Committee (RSC)" or equivalent "Health and Safety Subcommittees" in your organization.

Appended as:

Radiation Detection Instruments

Append a list of all radiation detection instruments with their operating characteristics and intended use.

Appended as:

Section 5: Radiation Safety Policies and Procedures

As Low As Reasonably Achievable (ALARA)

Append a copy of your organization's policies and procedures to ensure that radiation exposure is ALARA.

Appended as:

Action Levels

Append a copy of your organization's policies and procedures regarding action levels.

Appended as:

Worker Qualifications, Experience, Training and Authorization

Append a copy of your organization's policies and procedures which state that only trained workers may handle nuclear substances and attach a detailed description of the qualifications of workers and the proposed

in-house training program.

Appended as:

Personal Dose Monitoring

Append a copy of your organization's policies and procedures for external dose monitoring.

Appended as:

Posting

Append a copy of your organization's policies and procedures for restricting the use and storage of nuclear substances to authorized rooms only, including posting of these rooms.

Appended as:

Access Control and Security

Append a copy of your organization's policies and procedures which restrict any access to nuclear substances and prescribed equipment to authorized workers.

Appended as:

Inventory Control and Records

Append a copy of your organization's policies and procedures for inventory control.

Appended as:

Receipt of Packages

Append a copy of your organization's policies and procedures for receiving shipments of nuclear substances.

Appended as:

Waste Disposal of Nuclear Substances

Append a copy of your organization's policies and procedures for handling and disposing of waste containing nuclear substances.

Appended as:

Source Changes For Class II Prescribed Equipment

Append a copy of your organization's policies and procedures for source changes.

Appended as:

Section 6: License Renewals

(to be completed only when renewing an existing license)

Radiation Dose Summary

Append a report summarizing the past year's external (TLD) radiation dosimetry results for all of the license's monitored workers.

Appended as:

Sealed Sources Acquired

List all sealed nuclear substances acquired during the last year, with serial numbers and assay details.

Appended as:

Disposal or Transfer of Sealed Sources

Append a summary of the annual quantity of radioactive waste which has been disposed of or transferred over the last year.

Appended as:

Incidents

Append a brief description of any unplanned events or incidents which happened within the last year.

Appended as:

Section 7: Facility Planning and Design Parameters

Site Control

Append proof of ownership or authorization to build on the proposed site and a description of the facility restrictions and public notification program.

Appended as:

Facility Plans and Drawings

Append the plans and elevation drawings with the required information.

Appended as:

Description, Occupancy and Classification of Adjacent Areas

Append the classification and occupancy factors of the adjacent areas based on the planned use of each area. Include the areas above and below the treatment room.

Appended as:

Class II Prescribed Equipment Design Workload

Append an estimate of the projected workload for the facility. For accelerators, include both the dose delivered in the primary beam and the number of Motor Units (MUs) delivered.

Appended as:

Dose Rate and Annual Dose Calculations for Adjacent Areas

Append detailed calculations which estimate the dose rates and annual doses expected in all areas adjacent to the facility. The calculations should take into account the facility workload, shielding design, and the usage and occupancy of surrounding areas.

Appended as:

Other Design Considerations

Append a description of the proposed shielding verification methods and, for accelerators, a description and analysis of the room ventilation.

Appended as:

Section 8: Safety System Requirements

Warning Lights

Append a detailed description of the warning lights and indicate their locations on the plans of the treatment room.

Appended as:

Radiation Warning System

If applicable, append a detailed description of the radiation warning system and its function. Indicate its location on the plans of the treatment room.

Appended as:

Emergency Off Buttons

Append a description of the design and function of the emergency stop buttons both inside and outside the treatment room. Indicate their locations on the plans of the treatment room.

Appended as:

Beam Stops

If applicable, append a description of the methods used to limit the primary beam orientation.

Appended as:

Viewing System

Append a description of the viewing system used to monitor the patient during treatment.

Appended as:

Warning Signs

Append a description of the size and location of the radiation warning signs to be posted at the facility.

Appended as:

Tools and Equipment for Stuck Source Emergencies

If applicable, append a description of the emergency tools and equipment which will be kept available whenever the Class II prescribed equipment is in use.

Appended as:

Section 9: Class II Nuclear Facility Operating License for Commissioning

Confirmation of Facility Design

Provide confirmation that the shielding was constructed according to the plans submitted in your application for a license to construct this facility and; if applicable, measurements demonstrating that the room ventilation rate meets design specifications.

Appended as:

Safety Device Tests

Append a detailed description of the proposed performance tests for the safety systems listed in section 8.

Appended as:

Section 10: License for Decommissioning (Accelerators Only)

Overview of Decommissioning Plan

Provide an overview of your proposed decommissioning process, including the facilities and equipment affected, the tentative schedule and the proposed state of the site upon completion.

Appended as:

Personnel Qualifications and Training

Provide the names and qualifications of the persons responsible for overseeing decommissioning and the responsibilities, qualifications and proposed training requirements for persons participating in decommissioning. A Class II Prescribed Equipment Servicing license is required to disassemble the accelerator.

Appended as:

Estimation of the Types, Activities and Radiation Doses From Nuclear Substances

Append an estimate of the types and activities of any nuclear substances present at the facility the estimated radiation doses to staff resulting from decommissioning.

Appended as:

Disposal of Class II Prescribed Equipment, Nuclear Substances and Hazardous Materials

Append your plan for the final disposition of the accelerator components, nuclear substances and any other hazardous materials associated with the facility.

Fax: 441-236-1941
Appended as:
Email: osh@gov.bm or ylightbourne@gov.bm

Section 11: Legal Signing Authority

Signing Authority

I accept the designation of Signing Authority and certify that all information submitted is true and correct to the best of my knowledge. I understand that all statements and representations made in this application and on supplementary documentation are binding on the applicant.

Name:

Title:

Date:

DD / MM /
YYY

Signature:

Applicant Authority

I certify that all statements and representations made in this application and on supplementary pages are binding on the applicant.

Name:

Title:

Date:

DD / MM /
YYY

Signature:

Mail the completed application form, together with all relevant documentation to:

Bermuda Department of Health
Metro Building
Occupational Safety & Health
6 Hermitage Road
Devonshire, FL 01

Telephone: 441-278-5333
Fax: 441-236-1941
Email: osh@gov.bm or ylightbourne@gov.bm