



# RADIATION SOURCE NOTIFICATION OF DISPOSAL

### PURPOSE

This form is to be used to notify the Health Protection Service of the permanent disposal, or transfer into another jurisdiction, of a registered radiation source.

### PRIVACY

The collection of personal information is required by this form for the purposes of administering the *Radiation Protection Act 2006*. The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

### HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

**Website:**

<https://www.health.act.gov.au/businesses/radiation-safety>

**General Enquires:**

(02) 5124 9700

**Email Address:**

[hps@act.gov.au](mailto:hps@act.gov.au)

### INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- This form must be completed by the owner of the radiation source.
- For all decommissioned apparatus a licensed technician must complete and sign Part B.
- Please surrender the current Certificate of Registration by returning it to the Health Protection Service.

### TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

### COMPLETED FORMS TO BE RETURNED

**In Person:**

Health Protection Service  
Howard Florey Centenary House  
25 Mulley Street  
HOLDER  
ACT 2611

**By Post:**

Health Protection  
Service  
Locked Bag 5005  
WESTON CREEK  
ACT 2611

**By Fax:**

(02) 5124 5554

**By Email:**

[hps@act.gov.au](mailto:hps@act.gov.au)

### Part A - SOURCE DETAILS

Registration number: \_\_\_\_\_ / \_\_\_\_\_      Registration File number: \_\_\_\_\_ / \_\_\_\_\_

Registered owner's name:

Type of source:

Manufacturer:

Model:

S/N:

Registered source location (including room number):

Original current registration certificate attached:



# RADIATION SOURCE NOTIFICATION OF DISPOSAL

**Part B - TYPE OF DISPOSAL**

**Interstate Transfer (Owner and Licensed technician to complete and sign)**

New owner's name:	
ACN (if company):	Email:
Contact person:	Telephone number:
New source location/address:	
Technician's name:	
Licence number: ____ / ____	Telephone number:
I declare that the apparatus detailed above has been <b>uninstalled/removed from the registered source location indicated in Part A above.</b>	
Technician's signature: _____	Date: ____/____/____

**OR**

**Decommission (Licensed technician to complete and sign)**

Technician's name:	
Licence number: ____ / ____	Telephone number:
<b><i>Details of <u>how</u> the apparatus was rendered permanently inoperable and the <u>method of disposal</u>.</i></b>	
I declare that the apparatus detailed above has been <b>rendered permanently inoperable.</b>	
Technician's signature: _____	Date: ____/____/____

**Part C – OWNER'S DECLARATION**

I, \_\_\_\_\_, confirm that the information supplied on this notification is true and accurate and understand that the provision of false or misleading information is an offence. I acknowledge that the Health Protection Service will cancel the registration of this source upon receiving this notification.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_