

Application to Register an Ionising Radiation Apparatus

(Section 32—New apparatus and transfer of ownership)
Radiation Protection and Control Act 1982



When completing this form PLEASE PRINT CLEARLY

OWNER'S DETAILS*

Company trading name _____

Company business name
or for individual owner _____

Title _____ Given names _____ Surname _____

ABN _____ ACN _____

Principal business activity _____

Address for correspondence _____

Suburb _____ Post code _____

Country _____

Contact person _____ Contact no. _____

* NOTE A notice setting out your obligations as an owner of an X-ray apparatus appears at the end of this form.

APPARATUS DETAILS

1 Has the apparatus previously been registered in South Australia? Yes No

Registration no _____ (if known)

2 LOCATION OF APPARATUS

Address of apparatus _____

Post code _____

Location within address, eg room no, dept, etc _____

OFFICE USE ONLY

Amount \$/...../.....

Owner no

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Receipt no.

Reg no

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Inspected/...../.....

Condition

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Approved/...../.....

Cert sent/...../.....

3 TYPE OR USE OF APPARATUS

What is the type or main use of the apparatus? (tick one)

<i>Level 1 Apparatus (apparatus other than level 2 or 3)</i>	<i>Level 2 Apparatus (apparatus other than level 3)</i>
Bomb Disposal Radiography <input type="checkbox"/>	Borehole Logging <input type="checkbox"/>
Calibration <input type="checkbox"/>	Cephalometric <input type="checkbox"/>
Closed Cabinet X-ray <input type="checkbox"/>	Cephalometric plus OPG <input type="checkbox"/>
Dental Plain Radiography <input type="checkbox"/>	Chiropractic Plain Radiography <input type="checkbox"/>
Security Inspection <input type="checkbox"/>	Fluoroscopy – mini C-arm (current not to exceed 200µA) <input type="checkbox"/>
X-ray Bone Densitometry <input type="checkbox"/>	Industrial Radiography <input type="checkbox"/>
X-ray Diffraction (Enclosed) <input type="checkbox"/>	Medical Plain Radiography <input type="checkbox"/>
X-ray Diffraction (Open Beam) <input type="checkbox"/>	Orthopantomographic (OPG) <input type="checkbox"/>
X-ray Diffraction (Partly Enclosed) <input type="checkbox"/>	Podiatric Radiography <input type="checkbox"/>
X-ray Fluorescence (XRF) <input type="checkbox"/>	Radiography and Tomography <input type="checkbox"/>
X-ray Radiation Gauge <input type="checkbox"/>	Veterinary Plain Radiography <input type="checkbox"/>
XRF Analyser – Bench Top <input type="checkbox"/>	
XRF Analyser – Hand Held <input type="checkbox"/>	

<i>Level 3 apparatus</i>	
Computed Tomography (CT) <input type="checkbox"/>	
Cone Beam CT <input type="checkbox"/>	
PET / CT <input type="checkbox"/>	
SPECT / CT <input type="checkbox"/>	
Fluoroscopy (only) <input type="checkbox"/>	
Fluoroscopy – Cardiac / Vascular <input type="checkbox"/>	
Fluoroscopy Mobile (other than mini C-arm) <input type="checkbox"/>	
Fluoroscopy and Radiography <input type="checkbox"/>	
Lithotripsy–Fluoroscopy <input type="checkbox"/>	
Mammography <input type="checkbox"/>	
Radiotherapy <150 kV <input type="checkbox"/>	
Radiotherapy Linear Accelerator <input type="checkbox"/>	
Tomography (Dedicated) <input type="checkbox"/>	
Treatment Simulation (Radiotherapy) <input type="checkbox"/>	

If the apparatus is not listed in the tables, please contact the Radiation Protection Branch on 8463 7826 for advice on its classification level and fees payable.

Describe its type and/or use:

4 IS THE APPARATUS (tick one)

Fixed Mobile Portable

5 IDENTIFYING INFORMATION

A Make of apparatus _____

Model of apparatus _____

B Serial numbers: Generator _____
(if known)

Tube housing _____

6 EXPOSURE CAPACITY

A Maximum tube voltage

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 kV

B Maximum tube current

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 mA

C Is apparatus capable of fluoroscopy? YES NO

7 INSTALLATION

A Name and address of person/company who installed/will install the apparatus

Date _____

B Name and address of person/company from whom apparatus purchased

Date _____

DECLARATION

I hereby declare that the information provided on this form and in support of this application is to the best of my knowledge complete and true in every particular.

Applicant's signature _____ Date _____

PENALTY FOR PROVIDING FALSE INFORMATION: UP TO \$10,000

NOTE: This form does not constitute a legal application unless it has been properly completed and signed, and is accompanied by the appropriate fee.

8 FEES

The fees payable are those corresponding with the type or use of the apparatus and the level under which it is listed in the table on page 2.

	<i>Level 1 apparatus</i>	<i>Level 2 apparatus</i>	<i>Level 3 apparatus</i>
Application fee (non-refundable)	\$421.00	\$452.00	\$548.00
Registration fee (1 year)	\$200.00	\$213.00	\$349.00
Total fee payable on application	\$621.00	\$665.00	\$897.00

(These fees are applicable for applications lodged after 29 February 2012 and prior to 1 July 2012)

This form can be lodged by post to: Environment Protection Authority
Radiation Protection Branch
GPO Box 2607, ADELAIDE SA 5001

Or lodged via Fax: (08) 8124 4671 Email: radiationprotection@epa.sa.gov.au

Cheques should be made payable to: Environment Protection Authority

For credit card payment please complete the details below

Cardholder's name	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex
Card no	Expiry date		
Amount of payment \$	Cardholder's signature		
Telephone no	CVV No (back of card)		

Credit card payment only accepted within agreed trading terms

NOTE: The EPA does not have the facility to handle cash payments

Enquiries: Radiation Licensing Officer
Tel: 8463 7826
Email: radiationprotection@epa.sa.gov.au

Environment Protection Authority
ABN 85 393 411 003
This licence is GST exempt

SCHEDULE 5

FORM 2—NOTICE TO BE GIVEN TO A PURCHASER OF APPARATUS

Important Notice

To the purchaser of an X-ray machine:

This notice, which the person or organisation from whom you are buying an X-ray machine is obliged by law to give to you, is intended to inform you of certain legal obligations you will face as the owner of an X-ray unit. *Failure to take note of these obligations could result in a great deal of unnecessary expense and inconvenience.*

1 *Basic obligations*

Two basic obligations are created by the *Radiation Protection and Control Act 1982*:

- all apparatus (X-ray machines) must be registered with the Minister (Section 32, Radiation Protection and Control Act) with the exception of apparatus prescribed under Regulation 60 of the *Radiation Protection and Control (Ionising Radiation) Regulations 2000*. Ownership of an unregistered machine is an offence, with a maximum fine of \$10,000, or a continuing fine of up to \$1000 per day.
- all persons who operate the apparatus must hold a licence issued by the Minister to do so (Section 31, Radiation Protection and Control Act).

The second obligation has been modified by Part 4, Division 2 of the Radiation Protection and Control (Ionising Radiation) Regulations. The remainder of this notice will be concerned with the first obligation.

2 *Availability of advice*

The Radiation Protection Branch of the Environment Protection Authority—tel. (08) 84637826—is available to help you ensure that your installation complies with the regulations from the start.

3 *Application to register an X-ray unit*

An application to register an X-ray machine should be submitted to the Minister as early as possible, certainly before installation commences.

The registration form should be completed with full details of the machine that was purchased and its proposed installation, including room layout. (It is realised that serial numbers may not be available until after the machine has been installed).

Important:

An application to register your new machine must be lodged before the installation is finalised. On receiving an application to register an X-ray machine designed for medical, dental or chiropractic use the Branch may give you, the owner, notice in writing that the X-ray machine must not be used on patients until it has been tested and found to be satisfactory.

4 *Registration of X-ray equipment*

Once the installation of your new X-ray apparatus is finalised, for its registration to be approved, the apparatus must be inspected and tested to ensure that it complies with the performance and shielding requirements prescribed in the *Radiation Protection and Control (Ionising Radiation) Regulations 2000*, relevant to the particular apparatus and its installation. In the case of dental, medical, chiropractic and veterinary X-ray apparatus, the EPA is currently rolling out a Third Party Accredited Certification program, whereby the owner will be required to engage an accredited tester to inspect the apparatus and perform the relevant tests. The EPA can provide a list of accredited testers who can inspect your X-ray apparatus and its shielding and issue a certificate of compliance, on the basis of which the apparatus can be registered.

If an X-ray apparatus is found not to satisfy the requirements for registration, the owner is given the opportunity to correct any non-compliance in a timely manner. If the corrections are not made, the registration may be refused, which could give rise to legal action and forfeiture of the offending equipment. To ensure this does not occur, an owner who has difficulty in addressing issues of non-compliance should seek advice and assistance from the Radiation Protection Branch as soon as possible —tel. (08) 84637826.