



# Form 31A – APPLICATION ACCREDITATION AS A COMPLIANCE TESTER

Section 31, Radiation Protection and Control Act 2021

## Applicant's details

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Birth date \_\_\_\_\_

Previous name (if applicable) \_\_\_\_\_

Correspondence address \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

## Personal details

Licence to operate radiation apparatus    Yes                      No                      Licence number \_\_\_\_\_

Do you wish to have your name, email address, and contact no. listed on the EPA web page?  
(this enables owners of diagnostic X-ray apparatus to contact compliance testers)                      Yes                      No

## Modalities of accreditation

Nominate the modalities of accreditation being applied for:

- Dental Plain X-ray Apparatus <sup>Note 1</sup>
- Dental Panoramic and Cephalometric X-ray Apparatus <sup>Note 1</sup>
- Dental Cone Beam Computed Tomography X-ray Apparatus <sup>Note 2</sup>
- Medical, Veterinary or Chiropractic Plain X-ray Apparatus <sup>Note 3</sup>
- Medical or Veterinary Fluoroscopy <sup>Note 3</sup>
- Medical or Veterinary Computed Tomography <sup>Note 3</sup>
- Mammography <sup>Note 4</sup>
- Shielding <sup>Note 3</sup>

<b>OFFICE USE ONLY</b>	
Amount \$ _____	Employer no _____
Date ____/____/____	Licence no _____
Receipt no _____	Condition _____
Presc quals ____/____/____ by _____	Full approval ____/____/____ by _____
RPC ____/____/____ by _____	<input type="checkbox"/> HUB ____/____/____

## Notes

- 1 Accreditation for shielding verification of rooms in which a Dental Plain, Dental Panoramic and/or Cephalometric X-ray apparatus is installed is included in the accreditation for the apparatus certification.
- 2 Accreditation for shielding verification of rooms in which a Dental Cone Beam Computed Tomography X-ray apparatus is installed is included in the accreditation for the apparatus certification. However the shielding component requires the applicant to demonstrate competencies in relation to shielding verification techniques (see core competency E); or successfully complete a course that has been approved by the EPA.
- 3 Accreditation for shielding verification of rooms in which a Medical, Veterinary, or Chiropractic X-ray apparatus is installed is a separate accreditation and requires the applicant to demonstrate competencies in relation to shielding verification techniques (see core competency E); or successfully complete a course that has been approved by the EPA.
- 4 Accreditation for certification of Mammography X-ray apparatus requires an accreditation under the Mammography Quality Assurance Program of The Royal Australian and New Zealand College of Radiologists.

## Qualifications, prior accreditation and training in radiation protection

Indicate the basis on which accreditation is being applied for, including the type of relevant professional qualification(s) you possess. NOTE: you must enclose a copy of your qualification and training certificates.

Engineer	Medical Physicist	Radiographer
Radiotherapist	Scientist	Technician
Other (please specify)		

## Prior recognition

If you have been accredited as a compliance tester in South Australia any time in the last five years, but no longer hold valid accreditation, you are eligible to apply on the basis of prior accreditation.

Do you wish to apply for prior recognition?                      Yes                      No

## Training courses

Please enclose (as an attachment) a summary of relevant training courses successfully completed. You should include such information as the course title, course provider, duration and date of completion.

Please enclose a copy of any course certificates, or equivalent, as proof of successful completion.

## Employment details

Employment status (eg self-employed, employee): \_\_\_\_\_

- If self-employed/business owner:

Trading or Business name \_\_\_\_\_

ABN \_\_\_\_\_ ACN \_\_\_\_\_

- If employed:

Name and address of employer \_\_\_\_\_

Principal business activity of employer \_\_\_\_\_

Please enclose (as an attachment) a summary of your relevant professional employment history. You should include such information as the organisation, job title and years employed (not required if applying for mutual recognition or prior recognition).

## Competencies

Please enclose (as an attachment) statements that demonstrate experience and expertise relevant to each competency. You should detail key areas of responsibility and years of experience. You may describe tasks or projects you have worked on to support your claims.

### A Radiation physics

Describe what training you have received and/or knowledge gained in the area of radiation physics. This might be in association with tertiary studies, short courses, or your professional experience.

### B Radiation safety

Describe what training you have received and/or knowledge gained in the area of radiation safety. This might be in association with tertiary studies, short courses, or professional experience.

### C Operation of diagnostic and/or radiotherapy X-ray apparatus

Detail your experience in the operation of diagnostic and/or radiotherapy X-ray apparatus. This might be in association with installations, servicing, calibrations, teaching, research, clinical work, or similar. You should be specific about the type of apparatus you have operated.

### D Quality assurance testing of X-ray apparatus

Detail your experience in the testing of diagnostic and/or radiotherapy X-ray apparatus for the purpose of quality assurance. You should be specific about the type of tests you have performed and the type of apparatus you have tested.

### E Shielding verification of rooms or premises containing X-ray apparatus

Detail your knowledge and experience in the shielding of diagnostic and/or radiotherapy X-ray apparatus. Specific reference to experience in shielding verification should be included. You should be specific about the type of tests you have performed in relation to shielding verification, and the type of apparatus for which you have verified shielding.

### F Instrumentation usage

Describe the type of test instruments you have used, the parameters that you have measured, and the techniques employed when performing quality assurance testing of diagnostic or radiotherapy X-ray apparatus.

### G Sample test reports

Include a copy of a sample test report for each type of accreditation being applied for (all reports to include/address all of the information/provisions specified in relevant protocols document/compliance statement). Sample reports should demonstrate comprehension of, and ability to comply with, the relevant testing protocol, published by the EPA. Copies of testing protocols are available upon request.

## Checklist

- Enclosed a copy of relevant professional qualifications
- Enclosed statements against core competencies
- Enclosed copies of sample test reports
- Enclosed a summary of relevant training course(s)
- Enclosed proof of successful completion of accredited course(s)
- Signed and dated this form

OFFICIAL: Sensitive/Personal Privacy (when completed)

Have you ever been convicted of an offence under any radiation protection legislation and/or ever been found guilty of an offence involving dishonesty or violence? Yes No

If yes, please give details \_\_\_\_\_

Have you ever had a licence (or an application for a licence) to operate radiation apparatus, or to use or handle a radioactive material, or an accreditation as a compliance tester having been refused, suspended, or cancelled by any radiation licensing authority? Yes No

If yes, please give details \_\_\_\_\_

**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 \$20,000**

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

**Fees**

The fees payable are those corresponding to the type of accreditation.

Fee type	Accreditation for tester only	Accreditation for shield verifier only	Accreditation for tester & shield verifier
Application fee (non-refundable)	\$311.00	\$230.00	\$389.00
Accreditation/renewal fee (1 year)	\$71.50	\$71.50	\$71.50
<b>Total fee payable on application</b>	<b>\$382.50</b>	<b>\$301.50</b>	<b>\$460.50</b>

*These fees are applicable for applications lodged after 30 June 2024 and prior to 1 July 2025. GST exempt*

**Lodgement of form**

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

Or email: [EPARadiationProtectionBranch@sa.gov.au](mailto:EPARadiationProtectionBranch@sa.gov.au)

Cheques should be made payable to: Environment Protection Authority

**For credit card payment please complete the details below**

Cardholder's name \_\_\_\_\_ Visa      MasterCard      Amex

Card no \_\_\_\_\_

Amount of payment \$ \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

Telephone no \_\_\_\_\_ CVV No (back of card) \_\_\_\_\_ Expiry date \_\_\_\_\_

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: (08) 8463 7826

Email: [EPARadiationProtectionBranch@sa.gov.au](mailto:EPARadiationProtectionBranch@sa.gov.au)