

**NOTIFICATION OF SPECIFIED WORK UNDER REGULATION 6(2) OF THE IONISING  
RADIATIONS REGULATIONS (NORTHERN IRELAND) 2000**

(a) Name of employer:

Address of employer:

(b) Address of premises where dental radiography is undertaken

Employer's tel no:

Tel no of premises:

Employer's fax no:

Fax no of premises:

Employer's e-mail address:

E-mail address of premises:

(c) Business of employer:

(d) Category of the source of ionising radiation:

(e) Whether the x-ray equipment will be used at premises other than that given at (b) above:

(f) Date of commencement of use of ionising radiations:

\_\_\_\_\_

Date of this notification:

\_\_\_\_\_

Signed:

\_\_\_\_\_

Position:

\_\_\_\_\_

**NOTES**

The completed form should be sent to:  
Health & Safety Executive for Northern Ireland, 83 Ladas Drive, Belfast BT6 9FR