## About you (all applicants)

1. **Contact details**

|  |  |
| --- | --- |
| **• First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **• Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **• Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **• Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****• Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |

## Details about the employer (all applicants)

1. **Which of the following best describes your employer?**

|  |
| --- |
| * **Public Limited company (plc)**
 |[ ]
| * **Limited company**
 |[ ]
| * **Partnership**
 |[ ]
| * **Limited liability partnership**
 |[ ]
| * **Sole Trader**
 |[ ]
| * **Charity**
 |[ ]
| * **Education (schools, further education colleges, universities)**
 |[ ]
| * **Statutory body**
 |[ ]
| * **Local authority**
 |[ ]
| * **Government body**
 |[ ]
| * **Health care provider (hospitals, clinics)**
 |[ ]
| * **None of the above**
 |[ ]
|  |  |

1. **What is your employers registered name?**

|  |
| --- |
|  |

1. **What is your employers**

|  |
| --- |
| * **Address line 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address line 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **• Address line 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****• Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **• County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****• Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |

1. **How many employees (in Northern Ireland) does your employer have?**

|  |
| --- |
| * **0–9**
 |[ ]
| * **10–49**
 |[ ]
| * **50–249**
 |[ ]
| * **250+**
 |[ ]

1. **How many are classified radiation employees?** (employees who are likely to receive an effective dose greater than 6mSv per year etc – regulation 21 of IRR(NI)2017)

|  |
| --- |
| * **0**
 |[ ]
| * **1–5**
 |[ ]
| * **6–10**
 |[ ]
| * **11–25**
 |[ ]
| * **26+**
 |[ ]

1. **Do you transport radioactive substances either as your main work or in connection with it? (This doesn’t apply to X-ray devices.)**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Does your employer carry out work with portable ionising radiation sources (this includes X-ray devices) at sites other than your own?**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **How many fixed sites (in Northern Ireland) is your employer responsible for where they carry out work with ionising radiation?**

|  |
| --- |
| * **1–5**
 |[ ]
| * **6–10**
 |[ ]
| * **11–25**
 |[ ]
| * **26+**
 |[ ]
|  |  |
|  |  |

##

## Details of radon assessments (radon notifications only)

1. **If you are working in a radon atmosphere above an annual concentration of 300Bqm-3 please provide details of the most recent radon concentration assessment.** (You don’t need to notify HSENI if your assessment is below 300 Bqm-3 annual average.)

|  |
| --- |
| * **300–499 Bq m-3 annual average**
 |[ ]
| * **500–699 Bq m-3 annual average**
 |[ ]
| * **700–999 Bq m-3 annual average**
 |[ ]
| * **1000+ Bq m-3 annual average**
 |[ ]

**Work with ionising radiation (all applicants)**

1. **Which of the following are you applying for? Please select all that apply.**

**Notify**

**Complete questions 1 to 11 for notification applications and email to mail@hseni.gov.uk. There is no charge to notify practices in Northern Ireland.**

|  |  |
| --- | --- |
|  |  |
| * **Notify working with naturally occurring radionuclides which are not processed for their radioactive, fissile or fertile properties**
 |[ ]
| * **Notify working in an atmosphere containing radon above an annual concentration of 300 Bq per cubic metre**
 |[ ]
| * **Notify working with artificial radionuclides and/or naturally occurring radionuclides which are processed for their radioactive, fissile or fertile properties**
 |[ ]

**Register**

**Complete questions 1 to 19 for registration applications** **and email to** **mail@hseni.gov.uk****. There is no charge to register practices in Northern Ireland.**

|  |
| --- |
| * **Register working with naturally occurring radionuclides which are not processed for their radioactive, fissile or fertile properties**
 |[ ]
| * **Register working with a radiation generator (for example, X-ray devices)**
 |[ ]
| * **Register working with artificial radionuclides and/or naturally occurring radionuclides which are processed for their radioactive, fissile or fertile properties**
 |[ ]
| **Consent****Complete questions 1 to 11 and 20 to 43 for consent applications and email to mail@hseni.gov.uk. There is no charge to obtain consent for practices in Northern Ireland.** |  |
|  |  |
| * **The deliberate administration of radioactive substances to people or animals for medical or veterinary diagnosis, treatment or research**
 |[ ]
| * **The deliberate addition of radioactive substances in the production or manufacture of consumer products or other products, including medicinal products.**
 |[ ]
| * **Industrial irradiation**
 |[ ]
| * **Industrial radiography**
 |[ ]
| * **Working with a high-activity sealed source (HASS) (except for industrial radiography or industrial irradiation purposes)**
 |[ ]
| * **Discharging significant amounts of radioactive material with airborne or liquid effluent into the environment**
 |[ ]
| * **Operation of an accelerator (except when operated for industrial radiography or industrial irradiation purposes and except an electron microscope)**
 |[ ]

## Registration questions

**You must be able to confirm, on behalf of the employer, the following:**

1. **A risk assessment has been completed which identifies the main radiological risks associated with the work with ionising radiation and identifies any reasonably foreseeable radiation accident** (regulation 8 and associated Approved Code of Practice (ACOP) of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Steps have been taken to measure or estimate employees’ exposure to ionising radiation and appropriate action taken** (regulation 8 and associated ACOP of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Actions identified in your radiation risk assessment that will restrict employees’ and other persons’ exposure to ionising radiation so far as is reasonably practicable have been completed** (regulation 9 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Contingency plans have been drawn up for all reasonably foreseeable radiation accidents identified in the radiation risk assessment and, where appropriate, rehearsals will be carried out at suitable intervals** (regulation 13 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **A suitable radiation protection adviser (RPA) has been appointed and consulted** (regulation 14 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Appropriate training, information and instruction is provided to all employees engaged in or affected by work with ionising radiation and will be repeated at appropriate intervals** (regulation 15 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Controlled and/or supervised areas have been correctly designated and demarcated (where required)** (regulations 17 and 19 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Written local rules have been drawn up, where required, and radiation protection supervisor(s) are appointed for all your work in controlled areas and, where appropriate, supervised areas** (regulation 18 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

**This completes the questions for registration.** **Registration applications should be emailed to mail@hseni.gov.uk.**

**Consent questions - general**

**You must be able to confirm, on behalf of the employer, the following:**

1. **An appropriate programme of monitoring or auditing of arrangements has been implemented to check compliance with IRR(NI)17 (**regulation 8 and associated Approved Code of Practice (ACOP) of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **A person(s) with appropriate authority has been identified and named as having overall responsibility for radiological protection for this practice** (regulation 8 and associated ACOP of IRR(NI)17)**?**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **A radiation risk assessment has been completed** (under regulation 8 of IRR(NI)17) **that has identified, where relevant:**
* **ways in which reasonably foreseeable radiation accidents could occur and the likelihood and potential severity of them;**
* **engineering control measures and design features in place, or planned;**
* **planned systems of work;**
* **estimated radiation dose rates to which anyone can be exposed and the action needed to keep doses as low as reasonably practicable.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Where appropriate, the management of any radiation source no longer used will ensure that exposures to employees will be restricted so far as is reasonably practicable** (regulations 8 and 9 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Where appropriate, the management of any radioactive waste will ensure that exposures to employees will be restricted so far as is reasonably practicable** (regulations 8 and 9 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **The engineering controls, design features and safety features of the facility and/or radiation sources will restrict exposures to ionising radiation so far as is reasonably practicable** (regulation 9 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **The engineering controls, design features and safety features of the facility and/or radiation sources will be properly maintained and, where appropriate, thorough examinations and tests of these will be carried out at suitable intervals** (regulation 11 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Contingency plans for all reasonably foreseeable radiation accidents identified in the radiation risk assessment have been drawn up and, where appropriate, rehearsals will be carried out at suitable intervals** (regulation 13 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **A suitable Radiation Protection Adviser (RPA) has been appointed and consulted** (regulation 14 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Employees engaged in the practice** (under regulation 15 of IRR(NI)17)**:**
* **have received appropriate training in radiological protection.**
* **have been informed and instructed regarding the radiological risks to their health from the practice and the precautions that should be taken.**
* **will receive updates/refresher training in radiological protection at appropriate intervals.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Employees not engaged in the practice, but who are likely to be affected by it, have received appropriate training, information and instruction in radiological protection and this will be repeated at appropriate intervals** (regulation 15 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Where appropriate, suitable and sufficient quality assurance programmes are in place for equipment used for medical exposure** (regulation 33 of IRR(NI)17).

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Written local rules have been drawn up and radiation protection supervisor(s) are appointed for all your work in controlled areas and, where appropriate, supervised areas** (regulation 18 of IRR(NI)17)**.**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

### Consent questions - Expected dose

1. **What is the maximum anticipated total annual effective (whole body) dose (in mSv) to an employee engaged in the practice?**

|  |
| --- |
| * **0–1 mSv**
 |[ ]
| * **1.1–5.9 mSv**
 |[ ]
| * **6–9.9 mSv**
 |[ ]
| * **10–14.9 mSv**
 |[ ]
| * **15–20 mSv**
 |[ ]

1. **What is the maximum expected total annual dose equivalent (in mSv) to an employee engaged in the practice for the lens of the eye?**

|  |
| --- |
| * **0–1 mSv**
 |[ ]
| * **1.1–5.9 mSv**
 |[ ]
| * **6–9.9 mSv**
 |[ ]
| * **10–14.9 mSv**
 |[ ]
| * **15–20 mSv**
 |[ ]

1. **What is the maximum expected total annual dose equivalent (in mSv) to an employee engaged in the practice for the extremities (a person’s hands, forearms, feet and ankles)?**

|  |
| --- |
| * **0–49.9 mSv**
 |[ ]
| * **50–149.9 mSv**
 |[ ]
| * **150–249.9 mSv**
 |[ ]
| * **250–349.9 mSv**
 |[ ]
| * **350–500 mSv**
 |[ ]

1. **What is the maximum expected total annual dose equivalent (in mSv) to an employee engaged in the practice for the skin?**

|  |
| --- |
| * **0–49.9 mSv**
 |[ ]
| * **50–149.9 mSv**
 |[ ]
| * **150–249.9 mSv**
 |[ ]
| * **250–349.9 mSv**
 |[ ]
| * **350–500 mSv**
 |[ ]

1. **What is the maximum expected total annual effective (whole body) dose (in mSv) to an employee not directly engaged in the practice?**

|  |
| --- |
| * **0–0.3 mSv**
 |[ ]
| * **0.31–0.49 mSv**
 |[ ]
| * **0.5–1 mSv**
 |[ ]

1. **What is the maximum expected total annual effective (whole body) dose (in mSv) to a member of the public?**

|  |
| --- |
| * **0–0.3 mSv**
 |[ ]
| * **0.31–0.49 mSv**
 |[ ]
| * **0.5–1 mSv**
 |[ ]

### Consent questions - Radiation emergencies

1. **In relation to potential radiation emergencies, have you considered if the Radiation (Emergency Preparedness and Public Information) Regulations (Northern Ireland) 2001 (REPPIR) apply?**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

(Further information can be found on HSENI’s website - http://www.hseni.gov.uk/radiation)

1. **Does REPPIR apply to you? Is a hazard identification and risk evaluation (HIRE) required** (regulation 4 of REPPIR)**?**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **If required, have you completed a HIRE and sent the report to HSENI** (regulation 6 of REPPIR)**?**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

1. **Are emergency plans required as a result of the HIRE indicating that a radiation emergency is reasonably foreseeable** (regulations 7–9 of REPPIR)**?**

|  |  |  |
| --- | --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]   |

1. **If required, are appropriate emergency plans in place** (regulations 7-9 of REPPIR)**?**

|  |  |
| --- | --- |
| * **Yes**
 |[ ]  * **No**
 |[ ]

**This completes the questions for consent. Consent** **applications should be emailed to mail@hseni.gov.uk.**

**HSENI would like to acknowledge the assistance of the Health and Safety Executive (HSE) in Great Britain.**