



**RADIATION SAFETY ACT**  
**FIRST APPLICATION FOR REGISTRATION**  
***IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS***

An application form is enclosed for the registration of premises and irradiating apparatus and/or prescribed electronic products (transilluminators, class 4 lasers, single pulsed class 3B lasers and class 3B lasers with average output power greater than 5 mW).

Registration applies to the premises where the apparatus and/or electronic products are to be used as well as to each device that may be used or kept on those premises or on field sites. The applicant must provide an inventory on the supplementary form of the apparatus and/or products as well as the names, qualifications and relevant training of persons who will be using the apparatus and/or products.

***Radiation Safety Officer (RSO):***

The applicant must provide full details of the qualifications, training and experience of the person nominated to hold this position. The nominee may be required to attend an appropriate radiation safety training course, pass an examination in radiation safety, and may be required to hold a licence as the person responsible for the use of radiation on the premises. ***If the nomination is approved by the Radiological Council, the Registrant is required to inform the RSO of this appointment in writing.*** Separate RSOs may be nominated for x-rays, lasers and transilluminators.

If further assistance is required, please telephone (08) 9222 2000.



## RADIATION SAFETY ACT 1975 IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS REGISTRATION FEES

The Tax Invoice table below should be completed and returned with your registration application. A copy should also be kept for your records.

**Fee Exemption:** The fee is **NOT** payable if you are a State Government organisation recognised by *Treasury* as 'non-chargeable' or you are applying for, or renewing, an Exemption from Registration. Hospitals are chargeable organisations.

Payment should be made to the Radiological Council by cheque, money order or credit card and should accompany the application.

Applications submitted on or after 1 October 2022 will be subject to the fee increases outlined below.

### FEE SCHEDULE

<u>TOTAL NUMBER*</u> of Irradiating Apparatus and/or Electronic Products	Current fees		From 01/10/2022	
	1 year fee	3 year fee	1 year fee	3 year fee
2 or less	\$ 220	\$ 440	\$ 240	\$ 480
3 to 5	\$ 440	\$ 880	\$ 480	\$ 960
6 to 10	\$ 880	\$1800	\$ 960	\$1920
11 or more	\$1400	\$2800	\$1500	\$3000

**\* NOTES**

1. Please ensure the TOTAL NUMBER\* of irradiating apparatus and/or electronic products includes any equipment you may have registered for storage only.
2. If your application concerns *Sales and/or Service* only, the applicable fee is \$220 for 1 year or \$440 for 3 years or from 1 October 2022 \$240 for 1 year or \$480 for 3 years.

### TAX INVOICE FEES ARE GST-FREE

<u>TOTAL NUMBER*</u> of Apparatus and Products	1 year registration	3 year registration	GST	TOTAL
	\$	\$	N/A	\$

**Please return the application form WITH the payment. For continuity, a renewal application MUST be received BEFORE the expiry date (section 37(2) of the Radiation Safety Act)**



# RADIATION SAFETY ACT 1975

## INITIAL APPLICATION FOR REGISTRATION<sup>1</sup> OF PREMISES

in which

### IRRADIATING APPARATUS and/or ELECTRONIC PRODUCTS

operated or used therein

Complete **BOTH** this application and the supplementary form. Return both signed forms with the fee (see Note (c)). Where space is insufficient for any item, attach additional signed sheets.

1. Name and Mailing Address of the Applicant. (See Note (a)). Renewal notices will be sent to this address

Tel

ACN

e-mail

2. Location of the Premises Subject to Registration

3. Type(s) of irradiating apparatus and/or electronic products to be operated or used on the premises

Tick the boxes which are relevant to the application

X-ray

Laser

Transilluminator

Other → Describe other \_\_\_\_\_

4. Particulars of the Irradiating Apparatus and/or Electronic Products.

Please complete all details on the SUPPLEMENTARY form.

5. Purpose(s) for which the irradiating apparatus and/or electronic products are to be used:

Please complete all details on the SUPPLEMENTARY form.

6. Name, qualifications and experience of the person nominated to be the Radiation Safety Officer (This person's duties and responsibilities are given in Regulations 18 and 19 of the Radiation Safety (General) Regulations). Please give the nominee's title, first name, next initial, last name and date of birth This information helps in correctly identifying records.

7. Names, qualifications and experience of persons licensed or otherwise authorised to operate or use the irradiating apparatus and/or electronic products. Please complete the details on the SUPPLEMENTARY form.

8. Radiation monitoring instruments available on the premises. (Irradiating apparatus only)

9. Arrangements made for radiation monitoring of personnel. (Name of service provider) (Irradiating apparatus only)

#### NOTES:

- a) The 'owner' of the premises (the applicant) is defined in the Act to include the hirer, lessee, borrower, bailee, mortgagee in possession and any attorney, agent, manager, foreman, supervisor, or other person in charge or having control or management thereof, and any person acting or representing himself to be acting for the owner.
- b) A **SCALE PLAN** of the premises must be provided with the application showing the location(s) where the apparatus and/or products are, or are to be, installed or normally used, the purpose of all adjacent areas, the nature of the construction materials and the location and dimensions of any protective barriers for operators (irradiating apparatus only).
- c) The fee schedule and payment form are attached. (Exemptions from Registration are exempt from fees).

ENQUIRIES: Phone 08 9222 2000 or email radiation.licensing@health.wa.gov.au

Return the signed form, supplementary documents and payment form to:

Mail Radiological Council, Locked Mail Bag 2006, P O Nedlands WA 6009  
Email radiation.licensing@health.wa.gov.au (do not email credit card details)

This application cannot be processed without being signed by the person in whose name the premises are to be registered. The responsibilities of that person (and the RSO) are set out in the Act and the regulations.

NAME of Applicant (See Note a) \_\_\_\_\_

POSITION of Applicant \_\_\_\_\_

SIGNATURE of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Office use: Fee Paid	<input type="text"/>	Receipt No	<input type="text"/>	Period	<input type="text"/>	Date	<input type="text"/>
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<sup>1</sup> and/or Exemption from Registration

**SUPPLEMENTARY FORM**

Copy this form if space is insufficient or provide a separate list

**DETAILS of IRRADIATING APPARATUS<sup>a</sup> and/or ELECTRONIC PRODUCTS<sup>b</sup>**

MANUFACTURER	MODEL	SERIAL NUMBER (control)	OUTPUT (see Item c)	PURPOSE (see Item d)	LOCATION ON PREMISES

<sup>a</sup> **X-ray and other equipment** intended to produce ionising radiation by electrical means

<sup>b</sup> **Prescribed electronic products** include Class 4 lasers, Class 3B lasers with an average output power greater than 5 mW, single pulsed Class 3B lasers and UV emitting transilluminators.

Ultrasound devices are not prescribed under the Act and **do not have to be registered.**

**DETAILS of PERSONS using or operating the APPARATUS or PRODUCTS**

LAST NAME	OTHER NAMES	TITLE	QUALIFICATIONS RELEVANT TO THIS APPLICATION	LICENCE OR EXEMPTION NUMBER (WHERE APPLICABLE)

<sup>c</sup> **For x-ray equipment,** state the maximum rated kilovoltage (kVp) and milliamperage (mA).

**For electronic products,** state the output power and wavelength (or frequency)

<sup>d</sup> **For dental x-ray equipment,** state whether intraoral, panoramic, cephalometric.

**For medical,** state whether mobile or fixed radiography or fluoroscopy, CT, mammography, DSA, superficial radiotherapy, etc.

**For non-medical,** state whether x-ray analysis, industrial radiography, cabinet x-ray, etc.

**For lasers,** state whether surgical, ophthalmic, industrial, entertainment, etc.