New-work Radiation Application Cover Page

Project / Equipment Title

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Contact Details

- Principal Researcher: ______________________, Phone x _______
- Budget Unit: __________________
- Department: ____________________
- Senior Technical Officer: ________________, Phone x ______
- Radiation Safety Officer: _________________, Phone x _______

Expected Commencement Date: ____

Radiation Category

- ☐ Ionising Radiation Apparatus
- ☐ Ionising Radiation Isotope
- ☐ Laser
- ☐ Other non-ionising radiation equipment

Please complete the relevant category form, attach to this cover page and forward to Safety and Wellbeing (S&W) for consideration by the ANU Radiation Safety Advisory Group.

- - - - - - ANU Radiation Safety Advisory Group use only - - - - - - - - -

Reviewer's comment

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A site visit is *required* *requested* *not required*

- ☐ *APPROVED*
- ☐ *APPROVED,* subject to the attached conditions

Name of Reviewer: ___________________________ Initials/signature: