Australian National University

Non-Ionising Radiation Equipment Application Form

Description of Equipment/Apparatus/Use/Purpose

_____

_____

Equipment Specifications

- Make: _____
- Type: _____
- Model: _____
- Serial Number*: _____
- Non- Ionising Radiation emitted:
  - ☐ *Ultraviolet*
  - ☐ *Visible*
  - ☐ *Infrared*
  - ☐ *Microwave*
  - ☐ *Radiofrequency*
  - ☐ *Static Fields*
- Wavelength: _____
- Frequency: _____
- Energy/ Power: _____

* can be added later

Location

- Building name/ number: _____
- Room number: _____ (storage), _____ (experiment)
- Room characteristics:

Shielding ***present*** or *to be* ***installed***:

Shielding potential: *Good* → - - - - - - - - - → - - - - - - - - - → *Poor*

Duty Cycle

The equipment will produce accessible radiation for ___ % of time when being used.

Operator Exposure

Not Possible Unlikely Possible Likely Potentially Significant

Discuss: _____

_____

Operating Instructions/Guidelines/Warning Notices

Please attach a copy of operating instructions, guidelines for use, and warning notices to be provided to users.

Training requirements

- ☐ Local Area Induction Program (Tier 2 and Tier 3).
- ☐ Onsite.
- ☐ Manufacturer's training course.
- ☐ Other: _____

Type of Radiation Monitoring to be conducted

Other Control Measures