



## Annex I A Inventory of Radioactive Sources



to be completed for each radioactive source subject to authorisation

### 1. Input

Fields marked with an \* are compulsory

#### Coordinates of the establishment

Name of the establishment\* :

Address\* :

Town/city\* :  Postcode\* :

Practice	Number (of identical sources)	Isotope (e.g. $^{57}\text{Co}$ )	Activity (by source)	Unit (e.g. MBq)	Form (sealed / open - liquid /...)	Location (building, wing, floor, room, ...)

### 2. Signature

**By signing the document, the applicant certifies that the information provided is correct**

I declare what there are no other radioactive sources at the abovementioned address

**Director or radiation protection officer**

Surname and first name(s)\*:

Done at\*:

Date\*:

Signature\* :



## Annex I B Inventory of devices generating X-rays



to be completed for each device generating ionising radiation subject to authorisation

### 1. Input

Fields marked with an \* are compulsory

#### Coordinates of the establishment

Name of the establishment\* :

Address\* :

Town/city\* :  Postcode\* :

Practice	Device (Name of the provider and model)	Accelerating voltage (e.g. 120 kV (not the mains voltage!))	Unit (e.g. kV)	Current (e.g. 1 mA)	Unit (e.g. mA)	Location (building, wing, floor, room, ...)

### 2. Signature

**By signing the document, the applicant certifies that the information provided is correct**

I declare what there are no other devices generating ionising radiation at the abovementioned address

**Director or radiation protection officer**

Surname and first name(s)\*:

Done at\*:

Date\*:

Signature\* :