



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}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* :