



Environmental Protection Agency, Guyana

Environmental Authorisation Form for Nuclear Safety and Radiation Protection

Notes to Applicant:

1. This application and supplementary form must be completed in BLOCK LETTERS (preferably completed electronically) and submitted in TRIPLICATE along with any additional information requested to:

The Executive Director
 Environmental Protection Agency
 Ganges Street,
 Sophia, Georgetown, Guyana
 Telephone: (592) 225- 0506/5467-9/6044/6048/5472/5471
 Facsimile: (592) 225 5481
 Email: epa@epaguyana.org Website: www.epaguyana.org

2. The application must be accompanied by:

A. **A Radiation Safety Manual (RSM)** that addresses all relevant radiation safety issues within the “**authorisation application guide**”, including:

- i. *for radioactive sources: the quantity in each shipment and the frequency of supply; radiation monitoring instruments available on the premises and their calibration;*
- ii. *arrangements for personnel radiation monitoring;*
- iii. *the proposed method for disposing radioactive waste or sealed sources which are no longer required;*
- iv. *the security of sources;*
- v. *source storage conditions;*
- vi. *the protective equipment that is required and handling techniques for the radioactive sources;*
- vii. *the qualifications required of persons who use radiation sources;*
- viii. *regular radiation safety training programmes for workers;*
- ix. *where the sources are used for **human diagnosis or therapy**, and the name and qualifications of the responsible medical practitioner, how patient exposures are justified and optimised and the dose guidelines adopted by the practice; details of emergency procedures, etc.*

B. **A Plan** of the premises drawn to scale and showing the location where the radioactive sources are normally used, stored or otherwise managed/handled. The plan must show the purpose of all adjacent areas and the nature of the construction materials to be used. For unsealed substances, additional information on waste lines, laboratory facilities, surface finishes and ventilation are required. A report from a Qualified Expert must also be provided certifying that the premises and facilities are so constructed, and work practices instituted, that compliance with the prescribed dose and discharge limits will be achieved.

C. Any other information or documentation requested by the Agency herein or in some other form of communication.

3. For the purpose of this application; “radiation source” means a radiation generator, a radioactive source or other radioactive material.
4. A non-refundable fee of **US\$50.00** or its equivalent in Guyana dollars using the Citizens Bank (Guyana) Inc. Daily Exchange Rate is required for the processing of this Application. This fee should be made payable to the **Environmental Protection Agency**.
5. The applicant should be the developer, or person in whose name the Permit should be granted. The applicant shall provide a copy of his/her National Identification card, Driver’s License or Passport. Please note that if an Environmental Authorisation is issued, it will be prepared in the name of the applicant who has signed this Form and has committed to the requirements by doing so. In the event that the Permit Holder should be someone else, kindly indicate this to the EPA in advance on this Application Form being submitted/completed.
6. Each application must be accompanied by **all** supporting documents listed in Annex A.
7. Applicants will receive a response from the Agency within fourteen (14) days of receipt of all required documents. Processing of Applications will not commence until all relevant and required documents have been submitted to the Agency.
8. The EPA should be immediately notified in writing of any change(s) in the details provided in this application form that occur(s) after a decision has been made by the EPA. Failure to do so is an offence under the Environmental Protection Act, Cap 20:05 and Regulations, Laws of Guyana.
9. All measurements/numerical data submitted to the EPA should be in metric units.

**Please be guided accordingly.
Thank you.**

<p>ENTER EXISTING REFERENCE NUMBER, IF ANY:</p>	<p>XXXXXXXXXX-XXXX</p>
<p>A. TYPE OF APPLICATION:</p>	<p>New Permit <input type="checkbox"/></p> <p>Renewal <input type="checkbox"/> (Enter existing EPA Permit Reference Number above)</p> <p>Variance <input type="checkbox"/></p>
<p>B. APPLICANT'S CONTACT INFORMATION:</p>	<p>1. Applicant/Company Name (Member of senior management or Owner): _____</p> <p>2. Applicant's Address: _____</p> <p>3. Applicant's Occupation and Nature of the business: _____</p> <p>4. Email address: _____</p> <p>5. Telephone: _____</p>
<p>C. DETAILS OF BUSINESS:</p>	<p>1. Business Contact Details:</p> <p>Telephone: _____ Fax: _____</p> <p>Email: _____ Website: _____</p> <p>2. Proof of Legal Status:</p> <p>The following supporting documents should be submitted with the application form: Certificate of Registration of Business; Certified copy of Valid Photo Identification for Authorised Signatories; Certified copy of Planning Permission from Central Housing and Planning Authority (CH&PA) and Local Neighborhood Democratic Council (NDC); and Proof of Land Ownership (Transport, Lease or other Agreement with the land owner or occupier).</p>

Business Number: _____

Corporation Number: _____

For public institutions, specify the enabling legislation (Act):

3. Permit Activities:

Possess/Store	<input type="checkbox"/>	Construction	<input type="checkbox"/>
Use	<input type="checkbox"/>	Transfer	<input type="checkbox"/>
Service	<input type="checkbox"/>	Manufacture	<input type="checkbox"/>
Import/Export	<input type="checkbox"/>	Operation/Decommissioning	<input type="checkbox"/>

Other (Specify): _____

4. Main address for storage and/or/use (List of all locations below)

NO.	BUILDING	ROOM #	ADDRESS	GPS COORDINATES
1.				

Purpose: Use at Store at Both

Location to be rented or leased? Yes No

NO.	BUILDING	ROOM #	ADDRESS	GPS COORDINATES
2				

Purpose: Use at Store at Both

Location to be rented or leased? Yes No

NO.	BUILDING	ROOM #	ADDRESS	GPS COORDINATES
3				

Purpose: Use at Store at Both

Location to be rented or leased? Yes No

Location to be rented or leased? Yes No

NO.	BUILDING	ROOM #	ADDRESS	GPS COORDINATES
4				

Purpose: Use at Store at Both

Location to be rented or leased? Yes No

NO.	BUILDING	ROOM #	ADDRESS	GPS COORDINATES
5				

Purpose: Use at Store at Both

Location to be rented or leased? Yes No

D. DESCRIPTION OF PROPOSED PERMIT:

- Portable Gauges
- Borehole tube tagging
- Storage
- Beta backscatter gauges
- Temporary possession – no use
- Self-shielded irradiators
- Industrial radiography
- Fixed gauges
- Radioactive check sources
- X-ray fluorescence
- Electron capture detection
- Logging sealed source
- Laboratory studies
- Calibration
- Therapeutic nuclear medicine
- Demonstration

Append additional information, if necessary:

Particulars of the radioactive sources and or device used, stored or otherwise dealt with on the premises. <i>Please complete the details on the attached SUPPLEMENTARY forms</i>	
E: RADIATION PROTECTION OFFICER	1. Name(s), qualifications and experience of the person(s) nominated to be the Radiation Protection Officer, (Append details and copy of CV):
	2. Name(s), qualifications and experience of Qualified Expert(s) (where applicable) retained to advise the applicant:
F: CLASSIFICATION OF WORKERS	1. Classification of Workers (Append a list of all job categories for workers using or working in the vicinity of radiation sources and radiation devices) _____ _____
G: LIFETIME OF PROJECT	1. Please state the expected lifetime of the project: _____
H: ECONOMIC/ FINANCIAL STATEMENT:	1. State the capital investment in the project: _____
	2. State the annual turnover of the project: _____
I: NUMBER OF EMPLOYEES	1. Number of employees associated with the activity (direct relations to transport, managing and reporting activities): _____
Signature of Applicant (Member of senior management or owner): <input type="text"/>	
Name (please print): <input type="text"/> Date: <input type="text"/>	



**APPLICATION FOR AUTHORISATION (SUPPLEMENTARY FORM)
INVENTORY OF RADIOACTIVE SOURCES**

NUCLIDE e.g. ^{60}Co	ACTIVITY ¹	FORM ²	USE	LOCATION ON PREMISES	IF THE SOURCE IS ENCLOSED IN A DEVICE —		
					MANUFACTURER	MODEL NUMBER	SERIAL NO.

¹ Use the SI unit of activity (Becquerels) Note: 1 Curie (Ci) = 37 GBq (gigabecquerels). For sealed sources, include the date at which the activity applies

² Solid, liquid, gas, sealed, unsealed

NUCLIDE	ACTIVITY	TYPE AND NAME OF DEVICE	USE	NUMBER OF DEVICES	MANUFACTURER	MODEL NUMBER

SIGNATURE of the APPLICANT (the Legal Person) _____

Name (please print) _____

Date _____



Annex A

APPLICATION CHECKLIST

For Official Use Only

Reference Number

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- A Photocopy of the Biographic Information page of your valid Identification Card (ID) or Passport which includes:
 - The passport/ID number
 - The issuance and expiry dates
 - Your photo, name, date and place of birth
- Copy of the most recent Radiation Safety Manual (RSM)
- Plan showing the layout of the Operation.
- List of all job categories for workers.
- Facility Security Plan
- Business Registration/Certificate of Incorporation
- Project Summary
- Name(s) of any alternate RSOs/site contacts.
- Copy of the RSO training course certificate.
- Proof of Land Ownership (Transport, Lease or other Agreement with the land owner or occupier, or acknowledgement of Application for Lease of State Lands from the Guyana Lands & Surveys Commission).
- Land-use suitability letter/Outline Planning Permission from Central Housing and Planning Authority.
- Site plan approved by local Neighborhood Democratic Council or Mayor and City council.
- Policy and procedures for access control and security.
- Any additional documents required by the EPA.