



RADIATION ACTIVITY NOTIFICATION FORM

NOTE:

1. This notification form must be completed by the Licensee or Radiation Protection Officer (RPO) who wishes to engage in **Industrial Radiography or Well Logging activity**.
2. This notification form must be submitted to the Compliance and International Division, SHENA to radenforcement@shena.gov.bn at least 2 working days prior to commencement of the radiation activity.
3. The RPO is reminded to notify the Compliance and International Division, SHENA at +673 7370240 or email at rademergency@shena.gov.bn for the occurrence of any radiological incident/accident.

COMPANY NAME		LICENCE NO.	
ACTIVITY	<input type="checkbox"/> INDUSTRIAL RADIOGRAPHY <input type="checkbox"/> WELL LOGGING	LICENCE EXPIRY DATE	
WORK DETAILS			
CLIENT COMPANY NAME			
WORK LOCATION			
WORK REFERENCE (IF ANY)			
DATE OF WORK COMMENCEMENT		DATE OF WORK COMPLETION	
TIME OF WORK		NO. OF RADIATION WORKERS	
RADIATION SOURCE DETAILS			
TYPE OF SOURCE	<input type="checkbox"/> RADIOACTIVE SOURCE <input type="checkbox"/> CONTROLLED APPARATUS		
VEHICLE REGISTRATION NO. FOR SOURCES TRANSPORTATION			
LIST OF SOURCES	MODEL OF SOURCES	SERIAL NO.	CURRENT ACTIVITY (Ci) or MAX VOLTAGE (KeV)

I declare that all information provided in this form is true and I authorize the Safety, Health and Environment National Authority (SHENA) to carry out verification on the radiation activity as necessary.

NAME OF LICENSEE/RPO:

COMPANY STAMP

DATE:

FOR OFFICIAL USE ONLY

Regulatory Reference: