

ANNEXURE-6
(Refer sections 3.2.2.5 & 3.2.2.6)

Form No. AERB/RSD/IARPF/LCO

Government of India
Atomic Energy Regulatory Board

Niyamak Bhavan
Anushaktinagar,
Mumbai-400 094.

**APPLICATION FOR LICENCE FOR COMMISSIONING/OPERATION
OF INDUSTRIAL ACCELERATOR RADIATION PROCESSING
FACILITY (IARPF)/PARF<10 MeV**

- (a) *This application would be considered by the competent authority for issuance of relevant consents, under the Atomic Energy (Radiation Protection) Rules, 2004 [AE(RP)R, 2004].*
 - (b) *The duly filled-in form should be sent to Director/Head, Radiological Safety Division (RSD), AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 with the necessary documents. For DAE Particle Accelerator Facilities < 10MeV, the duly filled-in form should be sent to Director/Head, Industrial Plants Safety Division (IPSD), AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 with the necessary documents.*
 - (c) *Incomplete applications and those without all relevant documents are liable to be rejected*
 - (d) *All the forms pertaining to this facility can be downloaded from the website www.aerb.gov.in*
 - (e) *Attach extra sheets wherever required*
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PART A

GENERAL PARTICULARS

- A.1 Name and address of the institution:
Telephone No. (O):
Fax No.
E-mail
- A.2 Name and address of the Head of the institution^S:
Telephone No. (O): (R)

- Fax No.
Mobile No.
E-mail
- A.3 Name and designation of the applicant[#]:
Telephone No. (O): (R)
Fax No.
E-mail
- A.4 Address for correspondence with PIN code:
- A.5 Name of the Facility In-charge :
Telephone No. (O): (R)
Fax No.
Mobile No.
E-mail
- A.6 Name and designation of the Radiological Safety Officer (s) (RSO)* :
Telephone No. (O): (R)
Fax No.
Mobile No.
E-mail
RSO approval reference No.
Approval valid up to

\$ *The head of the institution is the person who would have the responsibilities of ‘**employer**’ prescribed in AE(RP)R, 2004.*

*Applicant is the person in whose name the authorisation (licence) to handle the source may be issued, under AE(RP)R, 2004, would have the responsibilities of ‘**licensee**’ prescribed in AE(RP)R, 2004 and should be a full time employee of the institution.*

* *RSO is the person who is so designated by employer and approved by competent authority and have the responsibilities of ‘**Radiological Safety Officer**’ prescribed in in AE(RP)R, 2004.*

PART B

PARTICULARS OF THE FACILITY

- B.1 Name, qualification and experience of personnel:

S. No.	Designation of personnel	Name	**Academic qualification	Type of training/experience	When and where trained	Duration of training	PMS No.
1	Operator(s)						
2	Radiological safety officer (RSO)						

** Attach proofs of qualification and training/experience

B.2 Brief description of the Facility:

- (a) Type of accelerator:
- (b) Particles to be accelerated:
- (c) Purpose of the facility : Commercial/research/others (specify)
- (d) Beam specifications: (current, energy, power)
- (e) Products(s)/material(s) to be irradiated:
- (f) Product movement system:
(specify no. of product boxes and product carriers)

B.3 Particulars of the radiation survey meter (RSM) and area monitors available in working condition

Particulars of RSM/Area monitor	1	2	3
Make			
Model			
RSM Sr. No.			
Date of recent calibration			
Functional status			

B.4 Availability of personnel monitoring services (PMS) : Yes/No

B.4.1 No. of personnel availing PMS:

B.4.2 Institution PMS number:

B.5. Documents to be available with the facility:

Required documents	Availability (Yes/No)
PSAR as approved by AERB	
Final safety analysis report (FSAR)	
Standard operating procedures (SOP)	
Servicing/maintenance manual	
Pre-commissioning acceptance test report with results	
Shielding design and of installation survey (along with drawings and layout)	
Radiation protection survey report (along with drawings and layout indicating stray radiation levels at different locations of the facility)	
Diagrams for electrical circuits and other interlocks	
Radiation protection manual	
Quality assurance manual for operation	

B.6 Documents to be attached with the Application:

- (i) Final safety analysis report (FSAR) (as per **Appendix-3D-I and II**)
- (ii) Radiation protection manual (as per **Appendix 3E**)
- (iii) QA manual for operation (as per AERB/SG/IS-5)
- (iv) Operation and servicing/maintenance manual
- (v) Pre-commissioning acceptance test report with results (as per **Appendix-3C**)

PART C

UNDERTAKING

I/we hereby certify that

- (i) all the statements made above are correct to the best of my knowledge and belief.
- (ii) no operation will be carried out for purposes other than those specified in this form.
- (iii) the commissioning/operation activities shall not be commenced without Licence from AERB.

- (iv) all provisions of the Atomic Energy (Radiation Protection) Rules, 2004 shall be strictly complied with.
- (v) the facility shall not be transferred/sold/ rented by me/us to any other party without the prior permission of the competent authority.
- (vi) full facilities will be accorded by me/us to any authorised representatives of the competent authority to inspect this installation at any time.
- (vii) radiation surveillance of the installation and health surveillance of all persons engaged in radiation work as required by the competent authority will be duly carried out at my/our expense.
- (viii) all recommendations made from time to time by the competent authority in respect of radiation safety measures will be duly implemented.
- (ix) duly qualified/experienced persons will be appointed before the commencement of operation of the facility.
- (x) the procedures approved by AERB regarding decommissioning, disposal of decayed sources and reuse of the site of the decommissioned facility will be strictly complied with.
- (xi) I/we will keep AERB informed about any changes in the information furnished above

In case, it is found, at any stage, that the information provided by me/us is false and/ or not authentic, then I/we hereby undertake to comply with the regulatory action(s) enforced against me/us and our institution, in accordance with the applicable Rules.

Place:

Signature:

Date:

Name of the applicant:

Designation:

Signature:

Name of Head of the institution:

Designation:

(Seal of the Head of the institution)