

## **RADIATION SAFETY DIRECTORATE**

Pursuant to Article 26-e, paragraph 1, item 4 of the Law on Ionising Radiation Protection and Safety (Official Gazette of the Republic of Macedonia No. 48/02 and 135/07), the Director of the Radiation Safety Directorate hereby adopts a

### **RULEBOOK**

#### **ON THE FORM AND CONTENT OF THE TEMPLATE FOR THE REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES, THE FORM AND CONTENT OF THE PERMIT TEMPLATE AND THE MANNER OF AND PROCEDURE FOR ISSUING THE PERMIT**

##### **Article 1**

This Rulebook shall prescribe the form and content of the template for the request for issuing a permit for performing an activity with ionising radiation sources, the form and content of the permit template, as well as the manner of and procedure for issuing the permit.

##### **Article 2**

The request for issuing a permit for performing an activity with ionising radiation sources shall be submitted on a white A4 format template.

The request for issuing a permit for performing an activity with ionising radiation sources for the purposes of: import, export, transit, transport, diagnostic and intervention radiology, stomatological X-ray machines, nuclear medicine, radiotherapy, industrial radiography, industrial measuring devices, consignment control, load and baggage, lending/taking over, geological investigations with radioactive sources and other activities with ionising radiation sources shall be submitted on the templates B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13 and B14, attached in Appendix 1, Appendix 2, Appendix 3, Appendix 4, Appendix 5, Appendix 6, Appendix 7, Appendix 8, Appendix 9, Appendix 10, Appendix 11, Appendix 12, Appendix 13 and Appendix 14, which are a constituent part of this Rulebook.

The request for issuing a permit for performing an activity with ionising radiation sources for the purposes of import, export and transit may be also submitted in an electronic form, in accordance with the one-stop-shop system for permits for import, export and transit of goods.

##### **Article 3**

The permit for performing an activity with ionising radiation sources shall be issued on a white A4 format template.

The permit for performing an activity with ionising radiation sources shall be issued on the template E, attached in Appendix 15, which is a constituent part of this Rulebook.

The permit for performing an activity with ionising radiation sources for import, export and transit shall be issued on paper and electronically, in accordance with the one-stop-shop system.

##### **Article 4**

The procedure for issuing a permit shall commence by submitting an application for the ionising radiation sources and a request for issuing a permit for performing an activity to the Radiation Safety Directorate by a legal entity, if the sources are not exempted from the procedure for issuing a permit for performing an activity in accordance with the Rulebook on the criteria for exempting an ionising radiation source and uncontrolled exposure to a defined source.

The legal entity may simultaneously submit the application for ionising radiation sources and the request for issuing a permit for performing an activity to the Radiation Safety Directorate.

## Article 5

The legal entity shall submit the completed request for issuing a permit for performing an activity with ionising radiation sources, accompanied by all necessary documents, to the Radiation Safety Directorate in the order established in the request.

The request referred to in paragraph 1 of this Article shall be submitted along with an accompanying letter containing the primary number entered into the legal entity's records, a list of documents submitted along with the request and a statement by the authorised person of the legal entity that it will implement the regulations on ionising radiation protection and radiation safety.

The request referred to in paragraph 1 of this Article shall be submitted along with copies of the following documentation:

1. Decision for registration in the Central Registry of the Republic of Macedonia;
2. M1/M2 forms for the individuals involved in the activity with ionising radiation sources, a work contract or a part-time employment contract with another employer or a voluntary work contract;
3. Education diplomas and/or radiation protection training certificates;
4. Personal medical finding for the individuals involved in the activity with ionising radiation sources;
5. Confirmation that the individuals involved in the activity with ionising radiation sources are subject to individual monitoring;
6. Report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone;
7. Report of performed equipment quality control tests;
8. Evidence that the legal entity has provided regular equipment servicing;
9. Radiation protection programme, Radiation emergencies plan and a Programme for quality assurance and safety control adopted in accordance with the regulations on ionising radiation protection and radiation safety, signed by all the individuals involved in the activity with the sources, thereby confirming that they are aware of and comply with those regulations;
10. Project for protection of the facility and the premises where ionising radiation sources are used, in accordance with the regulations on ionising radiation protection and radiation safety;
11. Evidence of appointing a person responsible for radiation protection;
12. Inventory of nuclear material, and
13. Evidence of payment the expenses in accordance with the regulations on ionising radiation protection and radiation safety.

In addition to the documents referred to in paragraph 3 of this Article, the legal entity shall submit other documents important for performing its activity with ionising radiation sources at its own assessment or at the request of the Radiation Safety Directorate.

The legal entity should own the originals of all documents submitted to the Radiation Safety Directorate.

## Article 6

The submitted request and documents shall be subject to a check and an assessment of whether they fulfil the conditions for performing an activity with ionising radiation sources, taking into account the basic radiation protection principles.

If a complete documentation is submitted, a check and an assessment of fulfilling the conditions for issuing the permit shall be performed on the basis of the submitted documentation and the on-the-spot check of the legal entity and the minutes thereof shall be drawn up.

In accordance with the documentation and the minutes of the performed check and

depending on the fulfilment of the conditions for performing an activity with ionising radiation sources, the permit shall be issued or the request thereof shall be rejected.

In case of an approval for issuing the permit for performing an activity with ionising radiation sources, the legal entity shall submit to the Radiation Safety Directorate evidence of payment of the expenses for obtaining the permit for performing an activity, in accordance with the Rulebook on the amount of the expenses for issuing permits and licences.

#### Article 7

This Rulebook shall enter into force on the eighth day from the date of its publication in the Official Gazette of the Republic of Macedonia.

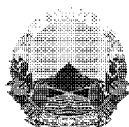
Director,

No. 03-1827/2

**PhD. Rumen Stamenov**

24 December 2009

Skopje



## REPUBLIC OF MACEDONIA

Radiation Safety Directorate



**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: IMPORT**

**1. Information on the entity submitting the request:**

<u>Unique tax number:</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
<u>Telephone:</u>		<u>Fax:</u>		<u>E-mail:</u>	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Consignee:**

Name and headquarters: \_\_\_\_\_

Unique tax number: \_\_\_\_\_

Consignee's authorised person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. Permit for performing an activity with ionising radiation sources for a consignee (final user):**

Permit number: \_\_\_\_\_

Date of issuing the permit: \_\_\_\_\_

**4. Transportation by:**

Transporter: \_\_\_\_\_

Address, city: \_\_\_\_\_

Country: \_\_\_\_\_

**5. Permit for transport of radioactive sources:**

Permit number: \_\_\_\_\_

Date of issuing the permit: \_\_\_\_\_

**6. Description of goods:**

Tariff designation: \_\_\_\_\_

Description of tariff designation: \_\_\_\_\_

Trade description: \_\_\_\_\_

Radionuclide/X-ray machine/other: \_\_\_\_\_

Chemical/physical form of the radionuclide: \_\_\_\_\_  
Initial activity of radionuclide (MBq): \_\_\_\_\_  
Date of initial activity: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Address/city: \_\_\_\_\_  
Country: \_\_\_\_\_  
Consigner/exporter: \_\_\_\_\_  
Address/city: \_\_\_\_\_  
Country: \_\_\_\_\_  
Number of sources: \_\_\_\_\_  
Total activity (MBq)/maximum voltage (kV): \_\_\_\_\_  
Description of container/X-ray machine/other: \_\_\_\_\_  
Type of container/X-ray machine/other: \_\_\_\_\_  
Serial number: \_\_\_\_\_  
Certificate number: \_\_\_\_\_

Date

(Stamp)

Signature

\_\_\_\_\_

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REPUBLIC OF MACEDONIA



Radiation Safety Directorate

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: EXPORT**

**1. Information on the entity submitting the request:**

Unique tax number :					
Name of the legal entity:					
Headquarters of the legal entity:					
Telephone:		Fax:		E-mail:	
Name and surname of the authorised person:					
Description of the post:					
Name and surname of the person responsible for radiation protection:					

**2. Consignee:**

Name and headquarters: \_\_\_\_\_  
 Consignee's authorised person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**3. Permit for performing an activity with ionising radiation sources for a consignee (final user):**

Permit number: \_\_\_\_\_  
 Date of issuing the permit: \_\_\_\_\_

**4. Transportation by:**

Transporter: \_\_\_\_\_  
 Address, city: \_\_\_\_\_  
 Country: \_\_\_\_\_

**5. Permit for transport of radioactive sources:**

Permit number: \_\_\_\_\_  
 Date of issuing the permit: \_\_\_\_\_

**6. Description of goods:**

Tariff designation: \_\_\_\_\_  
 Description of tariff designation: \_\_\_\_\_  
 Trade description: \_\_\_\_\_  
 Radionuclide/X-ray machine/other: \_\_\_\_\_  
 Chemical/physical form of the radionuclide: \_\_\_\_\_  
 Initial activity of radionuclide (MBq): \_\_\_\_\_  
 Date of initial activity: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Address/city: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Number of sources: \_\_\_\_\_  
 Total activity (MBq)/maximum voltage (kV): \_\_\_\_\_  
 Container description: \_\_\_\_\_  
 Container type: \_\_\_\_\_  
 Serial number: \_\_\_\_\_  
 Certificate number: \_\_\_\_\_

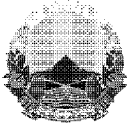
Date

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Signature

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## REPUBLIC OF MACEDONIA

Radiation Safety Directorate



**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING  
RADIATION SOURCES: TRANSIT**

**1. Information on the entity submitting the request:**

<u>Unique tax number:</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
<u>Telephone</u>		<u>Fax:</u>		<u>E-mail:</u>	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. General representative:**

Name and headquarters: \_\_\_\_\_  
 Address, city: \_\_\_\_\_  
 Country: \_\_\_\_\_

**3. Transportation by:**

Transporter: \_\_\_\_\_  
 Address, city: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Transporter's authorised person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Type of transport: \_\_\_\_\_  
 Identity of vehicle: \_\_\_\_\_  
 Country of vehicle: \_\_\_\_\_

**4. Permit for transport of radioactive sources:**

Permit number: \_\_\_\_\_  
 Permit validity: \_\_\_\_\_

**5. Itinerary of the transportation of radioactive sources:**

Country of departure/export: \_\_\_\_\_  
 Country of destination/import: \_\_\_\_\_

**6. Itinerary of the transit of radioactive sources through the territory of the Republic of Macedonia**

:  
 Border crossing of entry: \_\_\_\_\_

Date of entry: \_\_\_\_\_  
 Predicted hour of entry: \_\_\_\_\_  
 Border crossing of exit: \_\_\_\_\_  
 Date of exit: \_\_\_\_\_  
 Predicted hour of exit: \_\_\_\_\_

**7. Transport carried out between:**

Consigner/exporter: \_\_\_\_\_  
 Address, city: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Consigner's authorised person: \_\_\_\_\_

Importer: \_\_\_\_\_  
 Address, city: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Consignee's authorised person: \_\_\_\_\_

Permit for performing an activity with ionising radiation sources/ final user: \_\_\_\_\_  
 Date of issuing the permit: \_\_\_\_\_

**8. Individuals involved in the transit:**

Name and surname	Address	Passport number	Mobile telephone

**9. Description of goods:**

Tariff designation: \_\_\_\_\_  
 Description of tariff designation: \_\_\_\_\_  
 Trade description: \_\_\_\_\_  
 Radionuclide: \_\_\_\_\_  
 Chemical/physical form of the radionuclide: \_\_\_\_\_  
 Initial activity of radionuclide (MBq): \_\_\_\_\_  
 Date of initial activity: \_\_\_\_\_  
 Number of sources: \_\_\_\_\_  
 Total activity (MBq): \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Address/city: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Container description: \_\_\_\_\_  
 Container type: \_\_\_\_\_  
 Serial number: \_\_\_\_\_  
 Certificate number: \_\_\_\_\_

Date

(Stamp)

Signature

\_\_\_\_\_

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## REPUBLIC OF MACEDONIA

Radiation Safety Directorate



## REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: TRANSPORT

### 1. Information on the entity submitting the request:

<u>Unique tax number:</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
<u>Telephone:</u>		<u>Fax:</u>		<u>E-mail:</u>	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

### 2. Type of radioactive sources for which a transport permit is requested:

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

### 3. Individuals involved in the transport of radioactive sources:

Name and surname	Qualifications (expertise)	ADR permit number / validity

### 4. Purpose of the transport:

Purpose for which the transport permit is requested (*please circle as appropriately*)

- a. Sale
- b. Import/export delivery
- c. Other

5. **Vehicle information:** (type of vehicle, registration number, vehicle licence, ADR vehicle certificate)

6. **Protective equipment:** \_\_\_\_\_

7. **Radiation designations:**

8. **Radiation protection programme, Radiation emergencies plan and Programme for quality assurance and safety control:**

9. **Information on the container for storage and transport of the radioactive source:**

Date

(Stamp)

Signature

\_\_\_\_\_

\_\_\_\_\_



**REPUBLIC OF MACEDONIA**



Radiation Safety Directorate

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH  
IONISING RADIATION SOURCES: DIAGNOSTIC AND INTERVENTION RADIOLOGY**

**1. Information on the entity submitting the request:**

Unique tax number :					
Name of the legal entity:					
Headquarters of the legal entity:					
Telephone:		Fax:		E-mail:	
Name and surname of authorised person:					
Description of the post:					
Name and surname of the person responsible for radiation protection:					

**2. X-ray machines for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

Name and surname	Education	Ionising radiation protection training	Work experience

**4. Name of the natural person or legal entity responsible for equipment servicing:**

**5. Use location of the X-ray equipment (to be completed for stationary devices):**

a) Name:

b) Address: \_\_\_\_\_

c) Plan of the premises housing X-ray machines with specified areas (controlled and monitored zone)

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

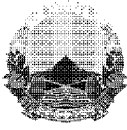
Date

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Signature

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## REPUBLIC OF MACEDONIA

Radiation Safety Directorate



**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING  
RADIATION SOURCES: STOMATOLOGICAL X-RAY MACHINES**

**1. Information on the entity submitting the request:**

Unique tax number :					
Name of the legal entity:					
Headquarters of the legal entity:					
Telephone:		Fax:		E-mail:	
Name and surname of the authorised person:					
Description of the post:					
Name and surname of the person responsible for radiation protection:					

**2. X-ray machines for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

Name and surname	Education	Ionising radiation protection training	Work experience

**4. Name of the natural person or legal entity responsible for equipment servicing:****5. Use location of the X-ray equipment (to be completed for stationary devices):**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Plan of the premises housing X-ray machines with specified areas (controlled and monitored zone)

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

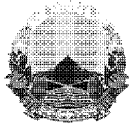
Date

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Signature

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REPUBLIC OF MACEDONIA



Radiation Safety Directorate

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: NUCLEAR MEDICINE**

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
Telephone:		Fax:		E-mail:	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Radioactive sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

Name and surname	Education	Ionising radiation protection training	Work experience

**4. Name of the natural person or legal entity responsible for equipment servicing:**

\_\_\_\_\_

**5.a. Use location of the radioactive sources:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Plan of the premises with specified controlled and monitored zones (equipment premises, premises for application of radioactive sources, radiochemical laboratory, waiting room, etc.)

**5.b. Equipment specifications**

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

**8. Import frequency of radioactive sources:**

As a constituent part of the Radiation protection programme, please indicate the planned import frequency of the radioactive sources during one year.

**9. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources, as well as the manner of their giving and taking over.

**10. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

Radionuclide	Type of waste	Maximum activity	Manner of storing/discharging	Notes

Date

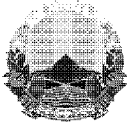
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Signature

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REPUBLIC OF MACEDONIA



Radiation Safety Directorate

REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING  
RADIATION SOURCES: RADIOTHERAPY

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
Telephone:		Fax:		E-mail:	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

Name and surname	Education	Ionising radiation protection training	Work experience

**4. Name of the natural person or legal entity responsible for equipment servicing:**

\_\_\_\_\_

**5.a. Use location of the ionizing radiation sources:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Plan of the premises with specified controlled and monitored zones (equipment premises, premises for application of the ionising radiation sources, waiting room, etc.)

**5.b. Equipment specifications**

**6. Assessment of the radiation risk**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

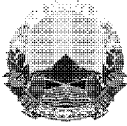
Date

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Signature

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REPUBLIC OF MACEDONIA



Radiation Safety Directorate

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: INDUSTRIAL RADIOGRAPHY**

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
Telephone:		Fax:		E-mail:	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

Name and surname	Education	Ionising radiation protection training	Work experience

Please attach a copy of the ADR permit of the individuals that will handle the vehicle during the transport of radioactive sources

**4. Name of the natural person or legal entity responsible for equipment servicing:**

\_\_\_\_\_

**5. Use location of the ionising radiation sources (to be completed for stationary devices):**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Plan of the premises with specified location of the equipment, the surrounding premises and clearly indicated controlled and monitored zone.

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

**8. Information on the storage of the radioactive source devices when out of use (for mobile devices):**

As a constituent part of the Radiation protection programme, please attach a plan and data on the internal storeroom.

Location of the internal storeroom:

\_\_\_\_\_

**9. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources (for mobile devices).

a. Vehicle information: \_\_\_\_\_

b. Protective equipment \_\_\_\_\_

c. Indications for ionising radiation danger

**10. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

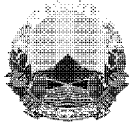
Date

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Signature

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REPUBLIC OF MACEDONIA



Radiation Safety Directorate

REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: INDUSTRIAL MEASURING DEVICES

**1. Information on the entity submitting the request:**

Unique tax number :					
Name of the legal entity:					
Headquarters of the legal entity:					
Telephone:		Fax:		E-mail:	
Name and surname of the authorised person:					
Description of the post:					
Name and surname of the person responsible for radiation protection:					

**2. Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity**

Name and surname	Education	Ionising radiation protection training	Work experience

Please attach a copy of the ADR permit of the individuals that will handle the vehicle during the transport of radioactive sources (for mobile industrial measuring devices)

**4. Name of the natural person or legal entity responsible for equipment servicing:**

\_\_\_\_\_

**5. Use location of the ionising radiation sources (to be completed for stationary devices):**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Plan of the premises with specified location of the equipment, the surrounding premises and clearly indicated controlled and monitored zone.

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

**8. Information on the storage of the radioactive source devices when out of use (for mobile devices):**

As a constituent part of the Radiation protection programme, please attach a plan and data on the internal storeroom.

Location of the internal storeroom: \_\_\_\_\_

**9. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources (for mobile devices).

a. Vehicle information: \_\_\_\_\_

b. Protective equipment \_\_\_\_\_

c. Indications for ionising radiation danger \_\_\_\_\_

**10. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

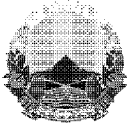
Date

(Stamp)

Signature

\_\_\_\_\_

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## REPUBLIC OF MACEDONIA



## Radiation Safety Directorate

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: CONTROL OF CONSIGNMENTS, LOAD AND BAGGAGE**

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
<u>Telephone:</u>		<u>Fax:</u>		<u>E-mail:</u>	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity:**

Name and surname	Education	Ionising radiation protection training	Work experience

**4. Name of the natural person or legal entity responsible for equipment servicing:**


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**5. Use location and storage of the equipment:**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) For stationary equipment:

Plan of the premises with specified location of the equipment, the surrounding premises and clearly indicated controlled and monitored zones.

d) For mobile equipment:

1) Indicate the location/s where control is to be performed, to be approved by the Radiation Safety Directorate. Please attach a map with indicated positions where control of consignments and load is to be performed with indicated controlled and monitored zones.

2) Please attach a plan of the location where the equipment is to be kept and information on the safety measures (alarms, physical security, etc.).

3) Please include information on transport (map of the route along which the mobile ionising radiation source is to be moved from the storeroom to the location where control is to be performed)

a. Vehicle information \_\_\_\_\_

b. Protective equipment \_\_\_\_\_

c. Indications for ionising radiation danger \_\_\_\_\_

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

Date

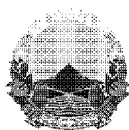
(Stamp)

Signature

\_\_\_\_\_

\_\_\_\_\_





**REPUBLIC OF MACEDONIA**

Radiation Safety Directorate



**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: LENDING/TAKING OVER**

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
<u>Telephone:</u>		<u>Fax:</u>		<u>E-mail:</u>	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Institution – user/owner of the source:**

Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone/fax/e-mail: \_\_\_\_\_  
 Authorised person: \_\_\_\_\_  
 Person responsible for radiation protection: \_\_\_\_\_

**3. Institution – consignee of the radioactive source:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone/fax/e-mail: \_\_\_\_\_  
 Authorised person: \_\_\_\_\_  
 Person responsible for radiation protection: \_\_\_\_\_  
 Permit number: \_\_\_\_\_  
 Date of issuing/validity: \_\_\_\_\_

**4. Date of lending/taking over of the radioactive source:**

**5. Reason for lending/taking over:** \_\_\_\_\_

**6. Information on the radioactive sources:**

Radionuclide: \_\_\_\_\_  
Number of sources: \_\_\_\_\_  
Activity/date: \_\_\_\_\_  
Chemical/Physical form: \_\_\_\_\_  
Purpose of the source: \_\_\_\_\_  
Measured dose rate on the package surface/container \_\_\_\_\_

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

**8. Individuals involved in the source take-over (name and surname, expertise):**

**9. Information on the temporary storeroom where the source is to be stored (location, protective measures, safety measures, work procedures):**

Date

(Stamp)

Signature

\_\_\_\_\_

\_\_\_\_\_



**REPUBLIC OF MACEDONIA**

Radiation Safety Directorate



**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH  
IONISING RADIATION SOURCES: GEOLOGICAL INVESTIGATIONS WITH  
RADIOACTIVE SOURCES**

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
Telephone:		Fax:		E-mail:	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity:**

Name and surname	Education	Ionising radiation protection training	Work experience

Please attach a copy of the ADR permit of the individuals that will handle the vehicle during the transport of radioactive sources

**4. Name of the natural person or legal entity responsible for equipment servicing:**

**5. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**6. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

**7. Information on the storage of the radioactive source devices when out of use:**

As a constituent part of the Radiation protection programme, please attach a plan and data on the internal storeroom.

Location of the internal storeroom:

**8. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources (for mobile devices).

a. Vehicle information \_\_\_\_\_

b. Protective equipment \_\_\_\_\_

c. Indications for ionising radiation danger \_\_\_\_\_

**9. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

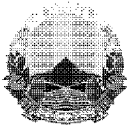
Date

(Stamp)

Signature

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**REPUBLIC OF MACEDONIA**



Radiation Safety Directorate

**REQUEST FOR ISSUING A PERMIT FOR PERFORMING AN ACTIVITY WITH IONISING RADIATION SOURCES: OTHER ACTIVITY WITH IONISING RADIATION SOURCES**

**1. Information on the entity submitting the request:**

<u>Unique tax number :</u>					
<u>Name of the legal entity:</u>					
<u>Headquarters of the legal entity:</u>					
<u>Telephone:</u>		<u>Fax:</u>		<u>E-mail:</u>	
<u>Name and surname of the authorised person:</u>					
<u>Description of the post:</u>					
<u>Name and surname of the person responsible for radiation protection:</u>					

**2. Ionising radiation sources for which the permit is requested:**

(Please include the appropriate information on the ionising radiation sources in accordance with the regulations on ionising radiation protection and radiation safety)

**3. Individuals involved in the activity:**

Name and surname	Education	Ionising radiation protection training	Work experience

Please attach a copy of the ADR permit of the individuals that will handle the vehicle during the transport of radioactive sources

**4. Name of the natural person or legal entity responsible for equipment servicing:**

---

**5. Use location of the ionising radiation sources (to be completed for stationary devices):**

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Plan of the premises with specified location of the equipment, the surrounding premises and clearly indicated controlled and monitored zone.

**6. Assessment of the radiation risk:**

Please attach a report for performed monitoring of the work environment with an assessment of the degree of exposure to ionising radiation in a controlled and monitored radiation zone and a population zone.

**7. Radiation protection programme, Radiation emergency plan and Programme for quality assurance and safety control:**

**8. Information on the storage of the radioactive source devices when out of use (for mobile devices):**

As a constituent part of the Radiation protection programme, please attach a plan and data on the internal storeroom.

Location of the internal storeroom:

**9. Transport of radioactive sources:**

As a constituent part of the Radiation protection programme, please describe the manner of transporting the radioactive sources (for mobile devices).

a. Vehicle information \_\_\_\_\_

b. Protective equipment \_\_\_\_\_

c. Indications for ionising radiation danger \_\_\_\_\_

**10. Radioactive waste:**

As a constituent part of the Radiation protection programme, please indicate whether when performing the activity with radioactive sources radioactive waste is created, and submit an assessment of the various types of radioactive waste for a certain period of time.

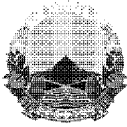
Date

(Stamp)

Signature

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**REPUBLIC OF MACEDONIA**

Radiation Safety Directorate

Number:

Date:

Valid by:

Pursuant to Article \_\_\_\_\_ of the Law on Organisation and Operation of the State Administrative Bodies (Official Gazette of the Republic of Macedonia No \_\_\_\_/\_\_\_\_) and Article \_\_\_\_\_ of the Law on Ionising Radiation Protection and Radiation Safety (Official Gazette of the Republic of Macedonia No \_\_\_\_ / \_\_\_\_), the Radiation Safety Directorate issues the following:

**PERMIT**

**for performing an activity with ionising radiation sources**

**1. Basic information**

**Permit holder:**

Unique tax number of the legal entity:				
Name of the legal entity:				
Headquarters of the legal entity:				
Telephone:		Fax:		E-mail:
Authorised person/ description of the post:				

**2. Additional information:**

- **Activity for which the permit is issued:**
- **Ionising radiation sources used when performing the activity:**
- **Individuals involved in the activity with ionising radiation sources:**
- **Person responsible for radiation protection:**
- **Other information important for radiation safety by separate activities:**

**3. Instructions for a legal remedy:**

**4. Permit-related conditions:**

STAMP

DIRECTOR