

Acquisition Application

About this form

- ✓ The use of ionising radiation is governed by the Protection from Harmful Radiation Act 1990 and its Regulations. The acquisition and use of any radioactive material, irradiating apparatus or high powered laser devices (Class 3B & Class 4) must be approved by the CSU Radiation Safety Committee (RSC) before the material or apparatus is brought into the University or used by staff / students.
- ✓ Please use this form to provide details of the apparatus, substance or high powered laser device you wish to acquire. The RSC will check the information provided and will then make its assessment.
- ✓ The **Primary Contact** is responsible for completing and submitting this form to radiationsafety@csu.edu.au

Completing the form

DO NOT COMPLETE THIS FORM IN A WEB BROWSER. You will not be able to save your data or sign the form in a browser. First SAVE this form, then OPEN the file in Adobe Acrobat Reader or Adobe Acrobat Pro.

- Electronic files with digital signatures are preferred.
- If you have any questions, please contact radiationsafety@csu.edu.au

Submitting the report

1. Before submitting, remember to attach any additional documents, such as such as copies of radiation licences, exemption forms, written approvals, risk assessments or additional pages of information relating to this form.
2. If acquisition is required **before** the next [RSC meeting](#), please write '**URGENT**' in the subject line of your email when you submit your application. For RSC agenda closing dates, see the RSC Meeting Schedule on the [RSC Website](#).
3. Submit the application to radiationsafety@csu.edu.au

Notification of outcome

The nominated **Primary Contact** will receive notification of outcome by email once the request has been considered.

Please do not assume a request has been granted until you are formally advised by the RSC in writing.

Notes to Purchasers following approval by the RSC

Procurement Process

- Acquisition of irradiating apparatus, radioactive substances and high-powered laser devices **must not commence** without written approval from the RSC, quoting a protocol number.
- Following approval from the RSC, obtain quotes (if not already done).
- Lodge a purchase requisition in Unimarket. **You must attach a copy of this form once approved & signed by the RSC.** A purchase order is not valid without the approval of the RSC.
- Await approval by the budget centre manager.
- Ensure the delivery details are correct with the supplier – the goods must be delivered directly into the hands of the purchaser or their supervisor, who holds an appropriate radiation user licence. Technical and administrative staff **cannot** accept delivery of radioactive materials. Therefore, the licence holder must be present at the time of delivery.

- You must complete an [Arrival Notice](#) within 3 business days of delivery and send it to radiationsafety@csu.edu.au.
- For irradiating apparatus: Arrange for a Certificate of Compliance to be issued (contact radmon@csu.edu.au). Once received, forward a copy to radmon@csu.edu.au and radiationsafety@csu.edu.au.
- The RSC will approve the Arrival Notice and return it to you for your records. File it carefully in a central location, as you may need it to lodge the Disposal Notice when the apparatus, substance or laser device is disposed of or transferred.

1. Primary contact

| | |
|---|--|
| Full name <i>(incl. title)</i> | |
| Staff ID No. | |
| Email | |
| Work phone | |
| Mobile phone | |
| Position | |
| School / Faculty / Organisation / Unit | |
| Campus / Location | |
| Radiation user licence no. <i>(attach a copy)</i> and expiry date | |
| Radiation user licence condition/s | |

2. General exemptions (if Primary Contact does not hold a Radiation User Licence)

This section is not applicable for laser devices.

To be completed if the above Primary Contact does not hold a Radiation User Licence. A General Exemption must be issued by a person with a GE1 condition on their Radiation User Licence and must identify the person(s) with the appropriate condition on their licence to oversee the acquisition and certification process.

| | |
|--|--|
| Full name of GE1 licence holder | |
| Staff ID No. | |
| Email | |
| Position | |
| School / Faculty / Organisation / Unit | |
| Campus / Location | |



| | |
|---|--|
| Radiation user licence no. (<i>attach a copy</i>) and expiry date | |
| Radiation user licence condition/s | |
| Name or Class of Supervisor | |
| Staff ID No. | |
| Email | |
| Position | |
| School / Faculty / Organisation / Unit | |
| Campus / Location | |
| Radiation user licence no. (<i>attach a copy</i>) and expiry date | |
| Radiation user licence condition/s | |
| Signature of GE1 licence holder | |
| Date | |

3. Apparatus / Substance / Laser Device Details

| | |
|---|---|
| This application is for acquisition of: | <input type="checkbox"/> irradiating apparatus <input type="checkbox"/> radioactive substances <input type="checkbox"/> Class 3B or Class 4 laser device/s |
| New or replacement | <input type="checkbox"/> New <input type="checkbox"/> Replacement |
| Apparatus / substance / laser device | |
| Quantity (<i>SI Units – substances</i>) | |
| Supplier Name | |
| Supplier Address | |
| Supplier Radiation Management Licence no. and expiry date | |
| Supplier Licence Conditions | |



Briefly describe the use/s of the apparatus, substance or laser device

For apparatus / devices, provide any known details of the make, model, power output, exposure range, etc **For substances**, provide a description of the substance, eg composition, state, decay, etc

4. Facility / Location Details

Location of the apparatus, substance or laser device (**building number** and **room number**)

5. Signatures and approvals

5.1 Facility manager/s

Declaration

By signing below, I confirm that I have read this application.

| | |
|---|--|
| Facility Manager Full Name | |
| Facility | |
| Email | |
| Contact phone | |
| Position / Role | |
| School / Faculty / Section / Organisation | |



| | |
|-------------------|--|
| Campus / Location | |
| Date | |
| Signature | |

5.2 Primary Contact

Declaration

By signing below, I confirm that all relevant stakeholders have had the opportunity to review the information above prior to submission of this application.

| | |
|---------------------------|--|
| Primary Contact Full Name | |
| Date | |
| Signature | |

5.3 Supervisor

| | |
|---|--|
| Supervisor Full Name <i>(if applicable)</i> | |
| Date | |
| Signature | |



Submit form and attachments to radiationsafety@csu.edu.au

Approval - RSC Use Only

| | | |
|-----------------------|----------------------|----------------------|
| Protocol Number | Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RSC Presiding Officer | | |

