



## Transfer of Irradiating Apparatus or Radioactive Substance

### About this form

- ✓ Please use this form to notify the Radiation Safety Committee (RSC) of the apparatus or substance that has been transferred.
- ✓ **This Notice must be sent to the RSC within 3 business days of the item being transferred.**

### 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.

- This checklist can be completed electronically.
- Digital forms and electronic signatures are preferred.
- If you have any questions, please contact [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au)

### Submitting the report

1. Before submitting, please check that you have attached any additional documents, such as such as copies of radiation licences, exemption forms, written approvals or additional pages of information relating to this form.
2. Submit the complete application to [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au)

## 1. Previous Licence Holder

Full name ( <i>incl. title</i> )	
Staff/Student ID	
Email	
Phone	
School / Faculty / Organisation / Unit	
Campus / Location	
Radiation user licence no (attach a copy) and expiry date	
Radiation user licence condition/s	
Date	
Signature	

## 2. Details of Transferred Apparatus or Substance

This notice is for transfer of:	<input type="checkbox"/> irradiating apparatus	<input type="checkbox"/> radioactive substances
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Locked Bag 588, Boorooma St, WAGGA WAGGA NSW 2678

T: +61 2 6933 2000 | E: [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au) | W: [research.csu.edu.au](http://research.csu.edu.au)

Charles Sturt University – TEQSA Provider Identification: PRV12018 (Australian University). CRICOS Provider: 00005F. ABN: 83 878 708 551

Apparatus / substance	
Quantity	
Original RSC protocol number	
Location prior to transfer ( <b>building number</b> and <b>room number</b> )	

Briefly describe the main use/s of the apparatus/substances

### 3. New Licence Holder

Full name ( <i>incl. title</i> )	
Staff/Student ID	
Email	
Phone	
School / Faculty / Organisation / Unit	
Campus / Location	
Radiation user licence no (attach a copy) and expiry date	
Radiation user licence condition/s	
Date	
Signature	



Submit form and attachments to [radiationsafety@csu.edu.au](mailto:radiationsafety@csu.edu.au)

Approval - RSC Use Only	
EPA Licence updated by: _____	Date: _____
Protocol No. _____	Date: _____
Signature: _____	RSC Presiding Officer