

SCHEDULE 1

Regulation 109

ATOMIC ENERGY COUNCIL,
P.O. Box 7044,
Kampala.



THE REPUBLIC OF UGANDA

ATOMIC ENERGY
FORM 9 (AEF 9)

THE ATOMIC ENERGY ACT, No. 24 of 2008

FORM 9

APPLICATION FOR AUTHORIZATION TO DECOMMISSION A
FACILITY WITH RADIOACTIVE MATERIALS

1. Name and address of applicant (*attach certificate of registration where applicable*)

2. Name and Title of legal person _____
Tel. No. (*office*) _____ Tel. No. (*mobile*) _____

3. Location of Facility:
Name of unit/dept: _____
Place: Plot No.: _____
Area/Town: _____ Street: _____
District: _____
Name of Building: _____

4. Name of Person(s) responsible for radiation safety

| <i>Name</i> | <i>Title</i> | <i>Qualification</i> |
|-------------|--------------|----------------------|
| | | |
| | | |
| | | |
| | | |

5. Type of Facility: medical/industrial/research/other(specify)

6. Classification of Facility (Category I, II, III, IV, V) _____

7. If facility has radioactive material:

Give details of radioactive materials

| <i>Name of source</i> | <i>Element mass No.</i> | <i>Chemical or physical state</i> | <i>No. of sources</i> | <i>Activity (Curies/Bq)</i> | <i>Volume</i> | <i>Name of manufacturer</i> | <i>Model number</i> |
|-----------------------|-------------------------|-----------------------------------|-----------------------|-----------------------------|---------------|-----------------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

8. If facility has radiation generating equipment:

Give details of the equipment

| <i>Name of equipment</i> | <i>Name of manufacturer</i> | <i>Model</i> | <i>Operating parameters</i> |
|--------------------------|-----------------------------|--------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

9. If facility involves nuclear installation:

Give details of radioactive materials

| <i>Name of installation</i> | <i>Fuel involved</i> | <i>Total activity (Curies/Bq)</i> | <i>Model/serial No.</i> | <i>Name of manufacturer</i> |
|-----------------------------|----------------------|-----------------------------------|-------------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Type of installation: enclosed installation/ open installation:
- a) Enclosed installation:
 With the aid of a clear diagram of the layout plan of the facility, to be attached, describe the facility with specific reference to:
- i) Construction material
 - ii) Interlocks
 - iii) Warning signals/radiation monitors installed
 - iv) Equipment layout
 - v) Radiation shields
 - vi) Fume holds
 - vii) Remote handling equipment
 - viii) Means of escape or communication
 - ix) Any other protection measures and devices
- Note:** indicate on diagram the directions in which exposure is possible
- b) Open installation:
- i) Indicate the distance from radiation source to:
 - Controlled areas _____
 - Supervised areas _____
 - ii) Indicate positive measures taken to maintain this degree of isolation(demarcations, physical barriers etc)

 - iii) How will you ensure that radiation workers involved in the decommissioning project will be adequately protected?

11. If facility involves raw material mining and/or processing:
 Give details of practice:

| <i>Name of practice</i> | <i>Fuel involved</i> | <i>Estimated Investment (USD)</i> |
|-------------------------|----------------------|-----------------------------------|
| | | |
| | | |
| | | |
| | | |

12. Hazard assessment:

Identify the hazards, their consequences and safeguards during decommissioning.

| <i>Hazard</i> | <i>Consequences</i> | <i>Safeguards</i> |
|---------------|---------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

13. Risk assessments:

(a) Provide estimates of the magnitude of the expected doses to persons during normal decommissioning:

(b) Identify the probability and magnitude of potential exposures arising from accidents or incidents:

14. Name and information about qualified experts that will be involved in decommissioning—

| <i>Name</i> | <i>Expertise</i> | <i>Qualification</i> | <i>Certification</i> | <i>Experience</i> | <i>Reg. No.</i> | <i>E-mail</i> |
|-------------|--------------------------|----------------------|----------------------|-------------------|-----------------|---------------|
| | Radiation Safety Officer | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

15. Other classified workers that will be responsible for decommissioning the equipment (e.g. Technologist, Technicians, social worker etc)

| <i>Name</i> | <i>Title</i> | <i>Qualification</i> | <i>Certification</i> | <i>Experience</i> | <i>Reg. No.</i> | <i>E-mail</i> |
|-------------|--------------|----------------------|----------------------|-------------------|-----------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

16. Enclose architectural drawings of the premises.
17. On submission for your application, Please provide the following-
 - (a) Final decommissioning plan;
 - (b) Final radiation survey report;
 - (c) Quality assurance programme and supporting documentation;
 - (d) Safety assessment and supporting documentation;
 - (e) Procedures for dealing with and reporting abnormal events, incidents and emergencies;
 - (f) A work breakdown structure and implementation programme;
 - (g) Administrative control procedures for individual tasks;
 - (h) Procedures for the collection and maintenance of records during and after completion of decommissioning;
 - (i) Any other information that may be required by the Atomic Energy Council.
18. Proposed start and end date of decommissioning:
 - (a) Starting _____
 - (b) Ending _____
19. You must provide a final decommissioning report on completion of the decommissioning.

DECLARATION

I _____ (*name of authorized person*) Certify that all the information given herein is true and correct to the best of my knowledge.

Date _____ *Signature of applicant* _____

| FOR OFFICIAL USE ONLY | | | |
|----------------------------------|----|------|-----------|
| Licence No: | | | |
| | By | Date | Signature |
| Received: | | | |
| Evaluated: | | | |
| General Remarks and/or Comments: | | | |