



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

**UOW SAFE@WORK**

# REGULATED MATERIAL & PREMISES INVENTORY FORM

REFERENCE: [Radiation Safety Guidelines](#)

This form may be used periodically to complete a stocktake of regulated material and premises at the University. **ALL regulated material and premises are to be noted on this form, even if they are exempt from licensing under the [Radiation Control Regulation 2013, Schedule 3](#).**

Please complete this form and return to [whs-admin@uow.edu.au](mailto:whs-admin@uow.edu.au).

<b>SECTION 1: Responsible Person - From Faculty/School</b>	
<b>Name:</b>	<b>Position:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Faculty/Division:</b>	<b>School/Unit:</b>
<b>Date inventory completed:</b> /     /	
<b><u>Local Radiation Safety Supervisor (RSS):</u></b>	

<b>SECTION 2: Premises Details - Locations where regulated material is kept or used</b>		
<b>Building:</b>	<b>Room:</b>	<b>Room Description:</b>
<b>This room contains the following regulated material:</b>		
<input type="checkbox"/>	<b>Sealed source devices (please complete Section 3)</b>	<b>Number of Devices:</b>
	Equipment or a gauge, instrument or device that contains a sealed radioactive source and permits the controlled emission of radiation, but does not include a container used solely for the storage or transport of a sealed radioactive source.	
<input type="checkbox"/>	<b>Ionising radiation apparatus (please complete Section 4)</b>	<b>Number of Apparatus:</b>
	A manufactured or assembled article, or any component, part or accessory of such an article, which when in operation contains or acts as part of an electrical circuit, or which acts by electromagnetic amplification employing a resonant space, and emits (or in the absence of effective shielding or other control would emit) ionising or non-ionising radiation.	
<input type="checkbox"/>	<b>Radioactive substances</b>	
	Any natural or artificial substance whether in solid or liquid form or in the form of a gas or vapour (including any article or compound whether it has or has not been subjected to any artificial treatment or process) which emits ionising radiation spontaneously with a specific activity greater than the prescribed amount and which consists of or contains more than the prescribed activity of any radioactive element whether natural or artificial.	
	<input type="checkbox"/>	<b>Sealed sources (please complete Section 5a)</b>
		A radioactive substance sealed in a capsule, or closely bound in a solid form, including sealed radioactive sources not contained in a sealed source device.
	<input type="checkbox"/>	<b>Unsealed sources (please complete Section 5b)</b>
		A radioactive substance which is not a sealed source.

## SECTION 3: Sealed Source Devices

### DEVICE 1: Description of sealed source device

- Cobalt therapy unit (gamma knife & others)       Density & moisture gauge       Fixed radiation gauge<sup>^</sup>  
 Gamma camera - industrial radiography       Gamma camera – medical       Neutron probe / sonde  
 Therapy device (brachytherapy & others)       Self-shielded irradiator       XRF analyser  
 Other (please specify): \_\_\_\_\_

### Details of sealed source device

Device Name	Manufacturer	Model	Serial No

EPA Radiation Regulated Material ID: \_\_\_\_\_

- This device is exempt from licensing requirements under [Schedule 3, Part \\_\\_\\_\\_\\_](#)

Users of this device require a Radiation User Licence with **Conditions:** \_\_\_\_\_

- This device is exempt from licensing requirements under [Schedule 3, Part \\_\\_\\_\\_\\_](#)

<sup>^</sup>This device has a current certificate of compliance:       Yes       No      (Only applies to fixed radiation gauges)

### Source Details

*Security Classification	Source Manufacturer	Source Serial No.	Assay Date	Nominal Activity	Source/ Radionuclide

\*Security classification is per Schedule B of [RPS 11 Code of Practice for the Security of Radioactive Sources](#)

### DEVICE 2: Description of sealed source device

- Cobalt therapy unit (gamma knife & others)       Density & moisture gauge       Fixed radiation gauge<sup>^</sup>  
 Gamma camera - industrial radiography       Gamma camera – medical       Neutron probe / sonde  
 Therapy device (brachytherapy & others)       Self-shielded irradiator       XRF analyser  
 Other (please specify): \_\_\_\_\_

### Details of sealed source device

Device Name	Manufacturer	Model	Serial No

EPA Radiation Regulated Material ID: \_\_\_\_\_

- This device is exempt from licensing requirements under [Schedule 3, Part \\_\\_\\_\\_\\_](#)

Users of this device require a Radiation User Licence with **Conditions:** \_\_\_\_\_

- This device is exempt from licensing requirements under [Schedule 3, Part \\_\\_\\_\\_\\_](#)

<sup>^</sup>This device has a current certificate of compliance:       Yes       No      (Only applies to fixed radiation gauges)

### Source Details

*Security Classification	Source Manufacturer	Source Serial No.	Assay Date	Nominal Activity	Source/ Radionuclide

\*Security classification is per Schedule B of [RPS 11 Code of Practice for the Security of Radioactive Sources](#)

## SECTION 4: Ionising Radiation Apparatus

### APPARATUS 1: Description of apparatus

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bone mineral densitometry             | <input type="checkbox"/> Computed tomography       | <input type="checkbox"/> Dental (radiography)      |
| <input type="checkbox"/> General X-ray apparatus (radiography) | <input type="checkbox"/> Industrial X-ray          | <input type="checkbox"/> Kilovoltage therapy X-ray |
| <input type="checkbox"/> Linear accelerator (with fluoroscopy) | <input type="checkbox"/> Linear accelerator        | <input type="checkbox"/> Mammography               |
| <input type="checkbox"/> Panoramic radiography                 | <input type="checkbox"/> Radiography / fluoroscopy | <input type="checkbox"/> Security screening        |
| <input type="checkbox"/> Simulator                             | <input type="checkbox"/> Veterinary (radiography)  | <input type="checkbox"/> X-RF                      |
| <input type="checkbox"/> Other (please specify): _____         |  |  |

### Details of apparatus

Details	Manufacturer	Model	Serial No.
Control / Generator			
X-Ray tube housing (one or more)			
X-Ray tube insert (one or more)			

EPA Radiation Regulated Material ID: \_\_\_\_\_

- This apparatus is exempt from licensing requirements under the Regulations, [Schedule 3](#), Part \_\_\_\_\_

Users of this apparatus require a Radiation User Licence with [Conditions](#): \_\_\_\_\_

- This apparatus is exempt from licensing requirements under the Regulations, [Schedule 3](#), Part \_\_\_\_\_

This device has a current certificate of compliance:  Yes  No

*Note: Only apply to ionising radiation apparatus used or intended to be used for any medical, veterinary or dental diagnostic purpose.*

### APPARATUS 2: Description of apparatus

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bone mineral densitometry             | <input type="checkbox"/> Computed tomography       | <input type="checkbox"/> Dental (radiography)      |
| <input type="checkbox"/> General X-ray apparatus (radiography) | <input type="checkbox"/> Industrial X-ray          | <input type="checkbox"/> Kilovoltage therapy X-ray |
| <input type="checkbox"/> Linear accelerator (with fluoroscopy) | <input type="checkbox"/> Linear accelerator        | <input type="checkbox"/> Mammography               |
| <input type="checkbox"/> Panoramic radiography                 | <input type="checkbox"/> Radiography / fluoroscopy | <input type="checkbox"/> Security screening        |
| <input type="checkbox"/> Simulator                             | <input type="checkbox"/> Veterinary (radiography)  | <input type="checkbox"/> X-RF                      |
| <input type="checkbox"/> Other (please specify): _____         |  |  |

### Details of apparatus

Details	Manufacturer	Model	Serial No.
Control / Generator			
X-Ray tube housing (one or more)			
X-Ray tube insert (one or more)			

EPA Radiation Regulated Material ID: \_\_\_\_\_

- This apparatus is exempt from licensing requirements under the Regulations, [Schedule 3](#), Part \_\_\_\_\_

Users of this apparatus require a Radiation User Licence with [Conditions](#): \_\_\_\_\_

- This apparatus is exempt from licensing requirements under the Regulations, [Schedule 3](#), Part \_\_\_\_\_

This device has a current certificate of compliance:  Yes  No

*Note: Only apply to apparatus used or intended to be used for any medical, veterinary or dental diagnostic purpose.*



