

ARPANSA

AUSTRALIAN RADIATION PROTECTION AND NUCLEAR SAFETY AGENCY

FACILITY LICENCE APPLICATION FORM

PART A – GENERAL INFORMATION

Applicant's Details

Departmental Name/Registered Company Name

(This is the Department or agency's name and may include further information for ease of identification eg Departmental name, Division name, Section name)

Australian Nuclear Science and Technology Organisation

Name, position and business address of Applicant

(The Applicant must be the Secretary or Chief Executive Officer of the Department or Agency or his/her delegate).

Name: Dr Ian Smith

Position: Executive Director

Business address: New Illawarra Road
Lucas Heights NSW

Ph: 9717 3702

Fax: 9543 6907

Email: pmf@ansto.gov.au

Nominee's Details

If the Applicant (the Secretary or CEO) is sufficiently removed from the facility that they cannot demonstrate effective control, the name and contact details of a nominee must also be provided. Generally the Applicant's nominee will be the Manager of a department or agency's operation at the site of the controlled facility.

Name, position and business address of Nominee

Name: Dr R F Cameron

Position: Chief of Operations

Business address: New Illawarra Road
Lucas Heights NSW

Ph: 9717 3733

Fax: 9543 1452

Email: ron.cameron@ansto.gov.au

Information About the Controlled Facility

A detailed description of the purpose of the controlled facility

Please provide details on the purpose of the controlled facility

See attached document RRRP-7200-EBEAN-001, section 2.

Detailed Description of the Controlled Facility and the Site for the Facility.

Following is an indicative list of the types of information that should be provided about the facility and the site. Please indicate where such information has been appended.



A map of the local area around the facility



The location of any exclusion zone and any structures in the zone



Plans of the site of the controlled facility



The location and use of all areas, structures, systems and components making up the controlled facility

A complete description of the facility and the site is contained in the Safety Analysis Report appended as Part C of this application.

If a licence has previously been granted by a State or Territory radiation control agency, indicate the jurisdiction and the licence reference number

DECLARATION

I hereby declare that the information provided on this form and in support of this application is to the best of my knowledge complete and true in every particular.

Signature of Applicant

Date

Signature of Nominee

Date