

Safety Approval Checklist (Part A) – Ionising Radiation Safety

(For all projects that involve radioactive substances (RS) and/or irradiating apparatus (IA))

This checklist is to be used by the principal investigator to determine if approval can be granted by the Head of Department or whether a more detailed Risk Assessment (Part B or equivalent) is needed.

Name of Principal Investigator (PI): _____ Department: _____

Project Title: _____

What type of RS/IA will be used in the project?		Please specify briefly:				
1. Sealed RS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 5px;">Yes</td> <td style="text-align: center; padding: 0 5px;">No</td> </tr> <tr> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	e.g. Cs-137, sealed source, 180MBq, enclosure instrument with 50MBq Cl-36 sealed source installed
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
2. Un-sealed RS	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	e.g. C-14, un-sealed liquid, 100MBq		
<input type="checkbox"/>	<input type="checkbox"/>					
3. Open beam IA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	e.g. C-arm X-ray, 100 kV/10mA		
<input type="checkbox"/>	<input type="checkbox"/>					
4. Closed beam IA	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 0 5px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	e.g. XRF, fully shielded machine		
<input type="checkbox"/>	<input type="checkbox"/>					

Describe briefly what procedures will be carried out:

Please answer the following:	
1	<p>Is a Radiation Supervised/Controlled Area available for this project?</p> <p><input type="checkbox"/> Yes The research activities will be conducted in Rm _____, _____ Building, which is a Radiation Supervised/Controlled Area.</p> <p><input type="checkbox"/> No I/We will convert Rm _____, _____ Building, into a Radiation Supervised/Controlled Area once the proposal is granted.</p>
2	<p>Is the relevant RS/IA licence* available?</p> <p><input type="checkbox"/> Yes The valid licence number is _____.</p> <p><input type="checkbox"/> No I/We will apply for the relevant licence once the proposal is granted.</p> <p><small>* RS and IA should have separate licences. Existing licence that does not include the new RS/IA to be purchased MUST be updated to include the new RS/IA BEFORE purchasing the new RS/IA.</small></p>
3	<p>Do you have at least one staff member in your team who is a designated Radiation Worker/User for using the proposed RS/IA?</p> <p><input type="checkbox"/> Yes* His/her name is _____ and staff/student number is _____</p> <p><input type="checkbox"/> No[#]</p> <p><small>* It is expected that everyone who is involved in the use of RS/IA should be a designated Radiation Worker/User. [#] It is strongly advised that at least one of the staff members in the team is an experienced designated Radiation Worker/User.</small></p>

If all these issues have been clearly addressed then the Head of Department should be able to endorse the application. Otherwise, a fuller risk assessment should be carried out i.e. Part B or other equivalent assessment.

Declaration of Principal Investigator

I/we are aware of my/our safety responsibilities as a PI spelt out in the University's Safety Policy.
 I/we will ensure the facilities; safety equipment and procedures are in place to enable this work to comply with the Hong Kong Radiation Ordinance, its subsidiary Regulations, and corresponding licence conditions.
 I/we will ensure everyone carrying out the work is appropriately trained.
 I/we will report all near misses and accidents and all symptoms of relevance to what I/we am/are working with.
 I/we will also report any new conditions that arise e.g. pregnancy etc.
 I/we will provide supervision and instruction to all personnel working on the project.

_____ Signature of Principal Investigator _____ Date

_____ Endorsed by Head of Department _____ Date