



Ionising Radiation in Research – Project Assessment Form

Project number: _____

Projects using radiation must be conducted in accordance with procedure [Radiation safety - regulatory compliance and risk management](#).

Researchers whose projects will involve the exposure of human subjects to radiation must make an additional submission in line with Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) [Code of Practice for the exposure of humans to ionizing radiation for research purposes](#) (2005). Use of ionising radiation in animals may also be subject to requirements stipulated in ARPANSA [Code of Practice and Safety Guide for Radiation Protection in Veterinary Medicine \(2009\)](#). Compliance with the relevant ARPANSA code is a legislative requirement. Projects involving animal and/or human exposure to radiation may also require current ethics approval from the relevant research ethics committees.

When completed, this form must be sent to the appropriate local Radiation Safety Officer (RSO) for initial review and then to the HSW Division. Final approval will be provided by the Radiation Protection Consultant (RPC). Work must not commence on the project until final approval has been received.

Name and academic affiliation of the applicant

Names of associated workers on project

Summary description – include the following in plain English:

- a project title
- description of the aim of the project
- role played by ionising radiation
- relevant citations of previous work in which the proposed technique was used
- where the particular application of radiation is new, or involves techniques that are not well established, identify whether alternatives to ionising radiation exist and cite reasons for the use of radioactive substances in the project.



Project Details

Details of radiation sources to be used. Provide information where applicable.

i) Radioactive substances

Radioisotope	Sealed or unsealed	Hazard group if unsealed* as per AS/NZS 2243.4-2018	Estimated maximum radioactivity (MBq)	
			To be used at one time	Whole project estimate

**Use of unsealed Group 1 or Group 2 materials will require explanation of the particular circumstances that require their use. If more space is required, use an attachment.*

--

ii) X-ray equipment details

Makes and models of X-ray equipment to be used	kV and mA settings	Locations (Building and Room No.)	Facility compliance certificate number and expiry date

iii) Sealed source apparatus details

Makes and models of equipment to be used	Type of apparatus*	Locations (Building and Room No. if relevant)	Facility compliance certificate number and expiry date

**e.g. radiation gauge, benchtop analyser, portable fluorescence analyser, borehole logging unit etc.*



iv) Details of laboratory where project will be undertaken

Building name and room number	Facility compliance certificate number (if applicable) and expiry date	Laboratory grading (low, medium or high level)*

* Applicants should consult their RSO for the grading of laboratory

v) Licencing details

Name	Use Licence held Yes / No (with comment)	Licence Number	Expiry date

vi) Identification and control of the principal hazards

A risk assessment for the procedure must be conducted and documented in UQSafe. The risk assessment must identify any additional training requirements for anyone working on the project.

Indicate which of the hazards (e.g., radiation, hazardous substances, electricity, etc.) are applicable and outline briefly the type of controls that will be applied in UQSafe.

Where one of the principal hazards is that of environmental contamination, such as from the use of radioactive materials in fieldwork projects, a more detailed information will be required for review as part of this approval process. In some cases, this type of work will need formal approval from the Regulator and the advice of the RPC must be sought at the planning stage.

Provide risk assessment number here and date of completion:

vii) Training details

Name	Training required? (Yes/No)	What training is required?



--	--	--

viii) Radiation monitoring equipment

Specify the type of survey meters(s) to be used (e.g. GM, scintillation, etc), including the make and model details where known and calibration expiry dates.

Survey Meter(s)	Make and Model	Calibration Expiry Date

ix) Personal monitoring

If relevant, give details of the type of personal monitoring to be used, e.g. whole body, extremity, electronic devices etc.

--

x) Radiation Safety and Protection Plan (RSPP)

List the current RSPP ID number appropriate for this project: _____

Will additional safe working procedures be required for work with the radiation source(s) proposed?

Yes No

If YES, list these additional procedures required below - consult the risk assessment and contact the local RSO or UQ RPC for advice and assistance with training.

--

xi) Plan for disposal of for radioactive substances

A plan and budget for disposal of radioactive waste is required to comply with the procedure: [Management and disposal of radioactive waste](#).

Potential difficulties with compliance must be raised with the local RSO and the RPC prior to the project commencing. This has particular importance where any disposal to the environment (other than sewer disposal) is anticipated. In such cases, a more detailed submission may be required and the advice of the



RPC must be sought prior to the project commencing. Please complete the following preliminary Plan for management and disposal of radioactive waste.

Type and quantity of radioactive waste	How will the radioactive waste be disposed of	By what date will waste be disposed of?

Declaration

By submitting this form the applicant agrees to comply with all requirements stipulated by the Australian and Queensland Government radiation control authorities, the relevant WHS regulatory bodies, and UQ policies and procedures for radiation management, risk management and staff responsibilities for Workplace Health and Safety.

The applicant also declares that they have read and are familiar with the relevant Radiation Safety and Protection Plan and can verify that all workers on the project have completed appropriate risk assessments and have undergone all appropriate training required to complete the project safely, unless otherwise stated.

Applicant Name:

Signature..... Date

Role

Recommended by Local Radiation Safety Officer: Yes No

If 'No' – indicate why:



Name:

Signature Date

Recommended by Radiation Protection Consultant

Name:

Signature Date