



NIGERIAN NUCLEAR REGULATORY AUTHORITY

RADIATION SOURCE AND RADIATION DEVICE INVENTORY FORM

Name and Address of Organization: _____

Location of Premises where radiation source(s) are used or stored or otherwise dealt with: _____

NNRA Licence No.: _____

Radiation Safety Officer (Name and Signature): _____

Date of Inventory: _____

SOURCE NAME ¹	SOURCE STRENGTH ²	DATE OF MANUFACTURE	SOURCE FORM ³	MANUFACTURER (Name and Address)	MODEL	SERIAL NUMBER	STANDARD ⁴	USE OF SOURCE	TYPE OF INSTALLATION ⁵

¹ For radioactive sources state the nuclide name and the atomic number (e.g. Co-60). For neutron and other accelerators state the target, ² For X-ray and other machines state the maximum kVp and mAs and timer if applicable, For radioactive sources use activity in GBq (1Ci = 37 GBq), ³ State form of source (e.g. sealed, open, machine, neutron accelerator, LINAC, GIF, etc), ⁴ State the certifying standard organization and number (e.g. ISO29299 or IEC, or SON...), ⁵ State whether the source is fixed, temporary, mobile, permanent or detachable etc

SIGNATURE OF THE APPLICANT (The Legal Person) -----NAME (in bold capitals) -----Date-----

NOTES: Submission of inventory by licensees is a regulatory requirement; Inventory forms are available from NNRA or may be downloaded from www.nnra.gov.ng. Return the completed and signed form to NIGERIAN NUCLEAR REGULATORY AUTHORITY, PLOT 564/565 AIRPORT ROAD, CENTRAL BUSINESS DISTRICT, PMB 559, GARKI, ABUJA. Fax: 09 2343122, Telephone 09 2343158, 092343123.