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| Assessment of Radioactive Instruments or Articles  under the ARIA Programme | December 2024 |

# Introduction

Use this form to request an assessment of your items under the Office of Radiation Safety’s Assessment and Recovery of Radioactive Instruments and Articles (ARIA) programme.

## Section One: Location information

|  |  |
| --- | --- |
| **Location description**  (ie, school, with full name; private dwelling, please identify if this is in a complex; business, with full name; etc): | Add |
| **Location address:** | Add |
| **Contact person name:** | Add |
| **Contact phone number:** | Add |
| **Contact email address:** | Add |
| **Details of source/s:**  (image of each item, number of items, description of each item and, if known, date of manufacture, radionuclide involved and activity) | Add |

For any questions, and to return your completed form, email: [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz).

## Section Two: Source details and disposal plan (enforcement officer use only)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Background (cps):** | [Add] | **uSv/hr** | [Add] |  | [Add] | | **Instrument:** | [Add] | **s/n** | [Add] | **Calibration**: | [Add] | |

### Source details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item  no. | Item description | Radionuclide | Sealed/ unsealed | Activity | Doserate (surface) | Wipe test (cps) |
| 1. | [Add] | [Add] | [Add] | [Add] | [Add] | [Add] |
| 2. | [Add] | [Add] | [Add] | [Add] | [Add] | [Add] |
| 3. | [Add] | [Add] | [Add] | [Add] | [Add] | [Add] |
| 4. | [Add] | [Add] | [Add] | [Add] | [Add] | [Add] |

### Disposal plan:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item no. | Radionuclide | To NRSF | Hot sink | Landfill | Recycle or other (specify) |
| **1.** | [Add] | [Add] | [Add] | [Add] | [Add] |
| **2.** | [Add] | [Add] | [Add] | [Add] | [Add] |
| **3.** | [Add] | [Add] | [Add] | [Add] | [Add] |
| **4.** | [Add] | [Add] | [Add] | [Add] | [Add] |

## Section Three: Office of Radiation Safety approval (director use only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disposal plan (DP) | | | | |
| The DP for the source/s identified in this application has been | | Approved | | Rejected |
| **Signed** | [insert signature] | **Date** | DD MM YYYY | |

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