

# Change notification after registration of irradiating apparatus

## Office of Radiation Safety, Ministry of Health

Under Section 31 of the Radiation Safety Act 2016, anyone who manages or controls a radiation source must notify the Director of the Office of Radiation Safety if there is any change in the location of the source, if it is disposed of in New Zealand or removed from New Zealand.

Please complete all fields in Section 1 and 2 and **either** Section 3 **or** 4. Then sign the Declaration in Section 5 and email to: [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz).

### SECTION 1.

Source Licence Holder

Source Licence Number

Name of Source Licence Holder  
(eg, a registered body corporate or sole trader)

Physical address of the source

Contact person's name

Contact person's phone number

Contact person's email address

**i** How to use this form:

- Save this form to the computer and open in Adobe Acrobat.
- All the fillable form fields will be highlighted.
- Fill each field by selecting it and typing.
- Save the form to the computer and email it to [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz)

**All sections must be filled in unless not applicable.**

Please email completed form at [orsenquiries@health.govt.nz](mailto:orsenquiries@health.govt.nz) or mail to Office of Radiation Safety, Ministry of Health PO Box 5013, Wellington 6140

## SECTION 2.

### Apparatus Information

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Please provide the following information

ORS Registration number

Make

Model

Serial number

I have attached additional pages with further source details (if required).

## SECTION 3.

### New location Information

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Complete this section if the location of the apparatus has changed.

Source Licence Number for the new location

Name of Source Licence Holder  
(eg, a registered body corporate or sole trader)

Physical address of the source

Contact person's name

Contact person's phone number

Contact person's email address

## SECTION 4.

### Disposed of

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Complete this section if the apparatus has been disposed of in New Zealand.

Date of disposal

Site of disposal

## SECTION 5.

### Exported

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Complete this section if the apparatus has been exported from New Zealand.

Date of exportation

Company name of exporting agent (if used)

## SECTION 6.

### Declaration

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I declare that the information on this form is true and correct.

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**All sections must be filled in unless not applicable.**

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Office of Radiation Safety, Ministry of Health PO Box 5013, Wellington 6140