

Registering irradiating apparatus in New Zealand

Office of Radiation Safety, Ministry of Health

Under Section 31 of the Radiation Safety Act 2016, anyone who manages or controls a radiation source in New Zealand must register the source with the Office of Radiation Safety. Please complete all fields in the applicable sections and email to: 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 where the source(s) are
used/installed

Contact person's name

Contact person's phone number

Contact person's email address

SECTION 2.

Apparatus type

Please select the radiation source type to be registered

- X-ray equipment – medical diagnosis general radiography (eg, general radiography room system)
- X-ray equipment – medical diagnostic fluoroscopy mobile (eg, theatre fluoroscopy C-arm mobile)
- X-ray equipment – medical diagnostic fluoroscopy fixed (eg, fluoroscopy room system)
- X-ray equipment – medical diagnostic computed tomography(CT) (eg, CT room system)
- X-ray equipment – medical interventional radiology or cardiology (eg, interventional cardiology suite system)
- X-ray equipment – medical diagnosis mammography

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

All sections must be filled in unless not applicable.

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

- X-ray equipment – nuclear medicine SPECT/CT
- X-ray equipment – nuclear medicine PET/CT
- X-ray equipment – medical diagnosis – bone densitometry (DEXA)
- X-ray equipment – medical therapy (eg, superficial x-ray system)
- X-ray equipment – medical therapy planning (eg, planning CT room system)
- Linear accelerator – medical therapy (eg, LINAC)
- X-ray equipment – veterinary diagnosis general radiography
- X-ray equipment – veterinary dental 2D diagnosis
- X-ray equipment – veterinary fluoroscopy
- x-ray equipment – veterinary computed tomography
- X-ray equipment – non-medical cabinet inspection systems (eg, security baggage inspection system or food contamination detection)
- X-ray equipment – non-medical handheld XRF device
- X-ray equipment – non-medical cabinet XRF or XRD device
- X-ray equipment – non-medical industrial radiography
- Linear accelerator –non–medical (eg, industrial or scientific research)
- Other (please specify)

| Make | Model | Serial number | Maximum kilovoltage |
|------|-------|---------------|---------------------|
|------|-------|---------------|---------------------|

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

I have attached a copy of manufacturer’s product brochure that include information required in this section.

SECTION 3.

Declaration

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

All sections must be filled in unless not applicable.

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