Registration of Ionizing Radiation User

This registration is made in accordance with the Radiation Ordinance (Cap. 303) and its subsidiary regulations.

Name in English (surname first):		Name in Chinese:		
Gender:	Age:	Department:		
Staff / Student No.:	Position / Program studying:			
Contact Phone No.:		Name of Supervisor:		
Email Address:				
Residential Address:				

Irradiating Apparatus to be Used: Closed-beam X-ray machine

Location	Name of Apparatus	Apparatus's Licence No.	User's Licence No. (for open-beam X-ray user only)
BC710 (MRC)	Bruker D8 Advance XRD Bruker D8 Advance XRD Rigaku SmartLab 9KW XRD	00306-0021-TN-0001 00306-0022-TN-0001 00306-0031-TP-0001	

Requirement(s) for Radiation User (**Please check requirement(s) applicable to your registration.*)

*Requirement(s)		N.A.	To be completed by HSEO	
Radiation safety training (compulsory for all radiation users)			obtained N.A.	approved by Hd(HSE)
Medical examination (for users of unsealed sources, or other users as required by HSEO)			obtained N.A.	
TLD badge for personal monitoring (for users of unsealed sources, open-beam X-ray machine, or other users as required by HSEO)			obtained N.A.	
User licence (for users of open-beam X-ray machine only)			Obtained N.A.	

- 1. Upon completing this application form, send it to the HSEO Office either by hands, or through internal mail system.
- 2. After verifying the submitted information and updating the records, HSEO will email the completed registration form with Hd(HSE)'s signature back to the user with the email account stated above.
- 3. Users are <u>not</u> allowed to work with radioactive substance(s) (both sealed and unsealed source(s)) or irradiating apparatus unless s/he has received a copy of this registration form with Hd(HSE)'s signature.
- 4. Registered user should keep a copy of the completed form until s/he ceases to work with radioactive substance(s) or irradiating apparatus.

Signed by Applicant: _____

Date: _____

When a registered user ceases to work with radioactive substance(s) or irradiating apparatus, s/he is required to complete the following information, and return this form to HSEO for cancellation of registration.

Date of termination of radiation work: _____

Signed by Applicant: ____