

# 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 controlled 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](mailto:orsenquiries@health.govt.nz).

\* If you are registering only XRF or XRD apparatuses that are exempt from source licensing under Regulation 13 of the Radiation Safety Regulations 2016 (exempt XRFs/XRDs), please complete this form in full and leave the source licence number blank in section 1.

If you are registering exempt XRFs/XRDs to a location for which a source licence already applies, please provide the source licence number in section 1.

## SECTION 1.

Source Licence Number

Name of Source Licence Holder or entity that manages or controls exempt apparatus\* (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

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)

#### 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

- 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 – XRF or XRD device exempt from licensing by Regulation 13 of the Radiation Safety Regulations 2016
- X-ray equipment – non-medical industrial radiography
- X-ray equipment – dental general radiography
- X-ray equipment – dental cone beam computed tomography (CBCT)
- 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.**

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