

HS&E NOC APPLICATION – RADIOGRAPHY

1. GENERAL INFORMATION

Company Name: _____ Licence No.: _____

Customer No.: _____ Company Type: Free Zone Non Free Zone

Licence Type: Industrial General Trading Commercial Service

Other: _____

Location: Business Zone Al Hamra Industrial Zone Al Hulaila Industrial Zone Al Ghail Industrial Zone

Other, please specify: _____

Leased Facilities	Warehouse Details		Land Details	
	Shed No.	Warehouse No.	Plot No.	Area (m ²)

2. DETAILS OF ACTIVITY

FANR Regulatory Material Licence No.: _____

Proposed Work: _____

Expected Work Duration (Days): _____ Start Date: _____

Work timings: _____

Source Serial No.: _____ Container Serial No.: _____

Type of Nuclide: _____

Vehicle registration No.: _____ Place of Storage: _____

Classified Person to handle: _____ Vehicle Approval: _____

Radiation protection officer in attendance: _____

3. I CONFIRM THAT I HAVE ENCLOSED THE FOLLOWING DOCUMENTS:

FANR Regulatory Material License Number	Radiation protection officer (Certification)
Emergency Response Plan	Source Certificate
Vehicle Approval	Risk Assessment
Classified Person (Certification)	Method Statement

NOTES:

- Radiography NOC is issued for clients having proper Radiography Bunker and Facility for carrying out Radiography in a safe manner.
- The Radiography Company shall transport the Radiography source from their facility to their client site in a proper approved Vehicle while displaying Radiation Sign Boards, fitted with Beacon Light and Lead Shield Box.
- Radiography Permit issued by HS&E Department shall be always available with the classified person carrying out Radiography and must be shown on request of the Authority.
- All clients carrying out Radiography shall develop their own appropriate Radiographic Emergency Response plan.
- The client shall be responsible for transport, storage, handling of radioactive sources as per Local, Federal & Relevant international requirements.
- All submissions shall be sent to hse@rakez.com
- HS&E reserves the right to require additional information (if necessary).

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Requestor Name:

Designation:

Mobile No.:

Email ID:

FOR OFFICIAL USE ONLY

Received By:

Reference No.:

Mobile No.:

Email ID:

APPROVAL STATUS

Status: Approved

Resubmit

Approved with Comments

Comments:

Reviewed By:

Sign & Date: