

SHIPMENT OF SEALED SOURCES BETWEEN THE MEMBER STATES OF THE EUROPEAN COMMUNITY

Standard document to be used pursuant to Council Regulation (EEC) No 1493/93

Notice

- *The consignee of sealed sources must complete boxes 1 to 5 and send this form to the relevant competent authority in his country.*
- *The competent authority of the consignee Member State must fill in box 6 and return this form to the consignee.*
- *The consignee must then send this form to the holder in the forwarding country prior to the shipment of the sealed sources.*
- *All sections of this form must be completed and boxes ticked, where appropriate.*

- 1. THIS DECLARATION CONCERNS:** ONE SHIPMENT (This form is valid until the shipment is completed unless otherwise stated in box 6)
 expected date of shipment (if available):
- SEVERAL SHIPMENTS (This form is valid for three years unless otherwise stated in box 6)

2. DESTINATION OF THE SOURCE(S)

Name of consignee:

Person to contact:

Address:

.....

Tel.: Fax:

3. HOLDER OF THE SOURCE(S) IN THE FORWARDING COUNTRY

Name of holder:

Person to contact:

Address:

.....

Tel.: Fax:

4. DESCRIPTION OF THE SOURCE(S) INVOLVED IN THE SHIPMENT(S)

- (a) Radionuclide(s):
- (b) Maximum activity of individual source (MBq):
- (c) Number of sources:
- | | | |
|--|--|--|
| | | |
| | | |
| | | |
- (d) If this (these) sealed source(s) is (are) mounted in (a) machinery/device/equipment, short description of the machinery/device/equipment:
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- (e) Indicate (if available and requested by the competent authorities):
- national or international technical standard with which the sealed source(s) complies(y) and certificate number:
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 - date of expiry of certification:
 - name of the manufacturer and catalogue reference:

5. DECLARATION OF THE AUTHORIZED OR RESPONSIBLE PERSON

- I, the consignee, hereby certify that the information provided in this form is correct.
- I, the consignee, hereby certify that I am licensed, authorized or otherwise permitted to receive the source(s) described in this form.
- Licence, authorization or other permission number (if applicable) and validity date thereof:.....
.....
- I, the consignee, hereby certify that I comply with all the relevant national requirements, such as those relating to the safe storage, use or disposal of the source(s) described in this form.

Name:

Date:.....

6. CONFIRMATION BY THE COMPETENT AUTHORITY OF THE CONSIGNEE COUNTRY THAT IT HAS TAKEN NOTE OF THIS DECLARATION.

Name of the authority:

Address:

.....

Tel.:..... Fax:.....

Date:.....

This declaration is valid until (if applicable):

Please see box 1, page 1, for guidance on the length of time this form is valid.