



HEALTH & SAFETY EXECUTIVE

Commerce & Employment Department
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The Health & Safety at Work (General) (Guernsey) Ordinance, 1987, Section 13

**NOTIFICATION OF INITIAL INTENTION TO WORK WITH IONISING RADIATION
OR OF SIGNIFICANT CHANGES IN ITS USE**

(This form indicates the information required in notifications to the Health and Safety Executive of employers intending to work with ionising radiation or when changes are planned. This notification is required at least twenty-eight days before such work is initiated or planned changes take place).

1. Name and address of employer:

2. Address of premises where, or from where, the work is to be done:

3. Nature of business:

4. Do you intend to use –

- (a) sealed sources: Yes No
- (b) unsealed radioactive substances: Yes No
- (c) a radiation generator: Yes No
- (d) is the notification the result of exposure to the short-lived daughters of Radon 222 Yes No

5. Mobile sources –

- (a) Is any work with ionising radiation involving any of the sources specified in 4. (a), (b) or (c) carried on at any address other than the address shown in 2? Yes No
- (b) If ‘Yes’, state for what purpose:

P.T.O

6. Multiple site employer –

If the employer occupies premises other than those given above, completing this section will avoid the need to send a duplicate notification. Enter the details as shown at 4. and 5. against each address. Further details may be included on a separate sheet, if necessary.

Address:

- | | | | |
|------|----|---------|----|
| (i) | 4. | (a) Yes | No |
| | | (b) Yes | No |
| | | (c) Yes | No |
| | | (d) Yes | No |
| | 5. | (a) Yes | No |
| | | (b) Yes | No |
| | | (c) Yes | No |
| | | (d) Yes | No |
| (ii) | 4. | (a) Yes | No |
| | | (b) Yes | No |
| | | (c) Yes | No |
| | | (d) Yes | No |
| | 5. | (a) Yes | No |
| | | (b) Yes | No |
| | | (c) Yes | No |
| | | (d) Yes | No |

7. Anticipated commencement date of work with ionising radiations -

8. Is this a new notification or a significant change in use? Please state which.

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Signature: Date: