

DEPARTMENT OF HEALTH

Directorate: Radiation Control

**APPLICATION FOR A LICENCE TO USE, OPERATE, APPLY, INSTALL OR KEEP INSTALLED A
MEDICAL LASER**

Section 4(1)(b)&(c), Hazardous Substances Act, 1973 (Act 15 of 1973)

Postal Address: Director: Radiation Control, Private Bag X62, Bellville 7535
 Street Address: 2nd Floor, Louwville Place, cor. Vrede & Kort St., Bellville 7530

Enquiries: Tel: 021 – 957 7450 Fax: 021 – 946 1589

A: PARTICULARS OF APPLICANT

Name (Individual / Organisation):		
Responsible Person (Laser Safety Officer):		
Postal Address:		
Tel:	Fax:	Cell:
E-mail:		
Academic Qualifications:		
Experience/Training regarding laser radiation protection:		

B: PREMISES

Street Address:

C: DETAILS OF ELECTRONIC PRODUCT

Brand and Model Name:
Product Serial Number:
Manufacturer:
Supplier in South Africa:
Product Sales Licence No:

D: SAFETY CONTROL MEASURES

Provide information about the following safety measures :	
Key Control / Interlocks:	
Access Restriction:	
Protective Eyewear / Beam Stops and Barriers:	
Warning Signs:	
Exhaust Ventilation:	
Other safety measures:	

E: USES

Provide a brief description of the intended uses of this electronic product:	
If this product is to be used for clinical trials, indicate period of validity of the Medical Ethics	
Ethics Committee approval:	

F: DECLARATION

<p>I, hereby declare that the aforementioned information is true and correct to the best of my knowledge.</p>	
Designation:	
Signature:	Date: