

**DEPARTMENT OF HEALTH**

Directorate: Radiation Control

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

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

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

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

**A: PARTICULARS OF APPLICANT**

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

**B: PREMISES**

<b>Street Address:</b>

**C: DETAILS OF ELECTRONIC PRODUCT**

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

**D: SAFETY CONTROL MEASURES**

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

**E: USES**

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

**F: DECLARATION**

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