

FORM A
NOTIFICATION OF
OWNERSHIP OF RADIATION EQUIPMENT

The Radiation Protection Regulations

NOTE: Complete and return this form to:

Director, Occupational Health & Safety
Yukon Workers' Compensation Health and Safety Board
401 Strickland Street
Whitehorse, Yukon Y1A 5N8

Under the Radiation Protection Regulations, Section 2 of the undersigned as owner _____ or as Agent _____ for the owner of radiation equipment hereby notifies the Occupational Health and Safety Division of ownership. Separate notification is required in respect of each postal location.

- A. The radiation equipment is located at:
Number, Street ___ Suite No. _____ Telephone No. _____
City _____ Postal Code _____
- B. The individual responsible for safe use of equipment is:
Name _____ Telephone No. _____
Position _____
Business address is at "A" _____ or is:
Number, Street ___ Suite No. _____ Telephone No. _____
City _____ Postal Code _____
- C. The owner of the radiation equipment is as "B" _____ or is:
Name _____
Business Address _____ Telephone No. _____
City _____ Postal Code _____
- D. The owner of the premises in which the radiation equipment is (are) located is the same as "B" _____ or "C" _____ or is:
Name _____
Business Address _____ Telephone No. _____
City _____ Postal Code _____
- E. The general nature of the owner's business is:
H: ___ Hospital E. ___ Education and Training D. ___ Dental
M. ___ Other Medical I. ___ Industrial and Commercial
V. ___ Veterinarian R. ___ Research and Development
- F. Radiation equipment as of this date of notification and at the location indicated at "A" (If insufficient space provided, please request additional forms)

MAKE	MODEL & SERIAL NOS.	DATE INSTALLED THIS LOCATION	FUNCTION CODE

* Function Code

- | | |
|-------------------------------|---|
| 1. Therapy | 8. Training/Instruction |
| 2. Radiography | 9. Demonstration, repair,
installation |
| 3. Conventional Fluoroscopy | 10. Industrial progress control |
| 4. Remote Control Fluoroscopy | 11. Analytical (Diffraction) |
| 5. Mammography | 12. Testing |
| 6. Mobile | 13. Other (Specify) |
| 7. Dermatology | |

G. The number of radiation workers employed at this location _____

H. The owner described as "C" also owns radiation equipment at other locations,
NO _____ YES _____

If yes, please give address below, if insufficient space provided please request
additional forms _____

I. The registrant undertakes to notify the Occupational Health and Safety Division
of changes of any information given herein.

DATED AT _____ THIS _____ DAY OF _____ 20____

Signature of applicant _____ Name (Please type) _____

Address _____