



RADIATION PROTECTION BOARD

OHSA Building, 17, Edgar Ferro Street, Pieta, Malta

Employer's Notification to the Radiation Protection Board of intention to appoint a Qualified Expert

(in compliance with Nuclear Safety and Radiation Protection Regulations 2003, LN 44 of 2003)

Employer _____

Contact details:

Address of practice where ionising radiation activities occur:

Phone _____ Fax _____

Mobile _____ e-mail _____

Employer's Practice for which the Qualified Expert is being nominated

Diagnostic Radiology	
Radiotherapy	
Nuclear Medicine	
Dentistry	
Veterinary Radiography	
Non-Destructive Testing	
Fixed Gauges and fixed screening devices	
Mobile gauges and mobile screening devices	
Research with un-sealed sources	
Research with x-ray equipment and sealed sources	
Other application	

Proposed Qualified Expert

Name of Proposed Qualified Expert _____

RPB Approval Certificate Number _____

DECLARATION OF THE EMPLOYER'S LEGAL PERSON

I, (name and surname) _____ certify that the information provided in this form is correct.

I.D. Number: _____

Signature : _____

Date : _____

The Radiation Protection Board will process your data in accordance with the principles of the Data Protection Act. We will not release any Information held about you to third parties except where necessary for the fulfillment of this application. We may process your address, telephone, fax or e-mail details to contact you in connection with this application. Completion and submission of this application form signifies your consent to the processing of this data. Please contact us if you would like us to inform you about the personal data we hold about you or if you require such data to be corrected.

Return of Forms

Completed forms to be sent to
Occupational Health & Safety Authority
Radiation Protection Section
17 Edgar Ferro Street
Pieta' MSD07