

RADIATION SOURCE - NOTIFICATION OF SUPPLY

This report covers the period from _____ to _____

Supplier Details:

Licensee:	Licence number:
Contact person:	Contact number:

☐ **No sale / supply** to ACT based clients this quarter (nil returns)

OR
Type of Source:
No. of Sales:

X-Ray apparatus	
X-Ray tube	
Sealed source	
Apparatus incorporating a sealed source	
Radioactive material	
Non-Ionising radiation source	
Other	
Total number of sales:	

Additional information has been attached including the following details

- Acquirer (including Possession Licence number)
- Date of sale
- Identifying numbers (e.g. Serial/Batch numbers)

Print name: _____

Date: _____

Signature: _____