# University Health and Safety Form

# Ionising Radiation AREA / Device handover form

The following information is required upon the installation or movement of any existing equipment that is used to generate Ionising Radiation, and where there is doubt regarding the effectiveness of built in safety devices or shielding. This information is a legal requirement of Regulation 32(2) of the Ionising Radiation Regulations 2017.

Once the form has been completed, it must be sent to the University Radiation Protection Officer for review. A copy is to be retained with the relevant equipment for a minimum period of 2 years.

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| **Part 1: Department – Handover of Radiation Controlled Area or equipment to an outside service provider** |
| Faculty: |  | Department: |  |
| Building: |  | Room No: |  |
| Device Make: |  | Device Model: |  |
| Controlled area description |  |
| Company Name: |  | Reason for handover: |  |
| Name of Service Provider Representative: |  | Details of the work to be completed: |  |
| Department has provided |
| Risk Assessment | Yes / No | Details: | System of Work | Yes / No | Details: |
| Local Rules | Yes / No | Details: | Emergency Arrangements | Yes / No | Details: |
| Service Provider has provided |
| Risk Assessment | Yes / No | Details: | System of Work | Yes / No | Details: |
| Local Rules | Yes / No | Details: | Emergency Arrangements | Yes / No | Details: |
| Hazards associated with the device | Radiation | Yes / No | Details: |
| Electrical | Yes / No | Details: |
| Liquids | Yes / No | Details: |
| Coolant | Yes / No | Details: |
| Heat | Yes / No | Details: |
| Any other hazards | Yes / No | Details: |
| As the department representative responsible for the area / equipment detailed above, I confirm that the details above are correct, as far as I am aware. I hereby hand control of the area / equipment as detailed above to the company representative detailed below in Part 2. Information has been received from the representative to ensure that all works will be conducted in accordance with all legislative requirements, including IRR17. |
| DRPS: |  | Signature: |  |
| Date: |  | Time: |  |
| As an authorised and suitably trained representative of the above-named company, I have been fully briefed on the hazards associated with the area/device, and I accept responsibility for the area / equipment detailed above. I confirm that my employer has provided the University with a copy of our risk assessment and appropriate local rules, and that all work will be conducted in accordance with these documents. |
| Service Provider Representative: |  | Signature: |  |
| Date: |  | Time: |  |

**Part 1: Handover of controlled area & equipment to company representative**

To be completed by the responsible person who passes the piece of radiation equipment or area to the company representative or service provider representative. All relevant safety documentation (risk assessments, systems of work, local rules etc.) and any known hazards for both the equipment and the environment must be made known to the representative (*e.g*. equipment contamination, other persons working nearby, *etc.*).

Both parties must sign Part 1. By signing, the service provider representative accepts responsibility for the controlled area and / or equipment and agrees that they will work in compliance with their employer’s procedures and Local Rules, and where appropriate, the University’s.

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| **Part 2: Company Representative – Handover of controlled area and equipment to customer** |
| Category of work completed | Routine service | Details: |
| Fault diagnosis / repair | Details: |
| Installation of part(s) | Details: |
| Upgrade / Modification | Details: |
| Incident response | Details: |
| Hazard Notice response | Details: |
| Other | Details: |
| **Provide details of the work that has been completed** |
|  |
| **Could the work conducted have impacted on radiation safety, increased the risk of exposure or introduced any new hazards?** |
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| **Indicate the status of the area / equipment** |
| **Fully operational**Area or device functions as installed and all safety features that could have been affected have been tested and are fully operation | **Limited operation*****(Give details below)***Limitations may exist on device functions, but device is safe to operate | **Not to be operated*****(Give details below)***Device is not to be used due to safety or functional issue |
|  |  |  |
| Service Provider Representative: | DRPS |
| Name |  | Signature: |  | Name: |  | Signature: |  |
| Date: |  | Time: |  | Date: |  | Time: |  |

**Part 2: Handover of controlled area & equipment to customer**

To be completed by the service provider, who has carried out work on the area / equipment, and the departmental representative. The service provider representative will complete the following:

* Indicate the category of work carried out and include any details for this work. It is permissible to tick more than one category if appropriate.
* Indicate if the work carried out could have implications for radiation safety, or has introduced any new hazards.
* Indicate the operational condition of the equipment and whether further action is needed.
* Ensure that a copy of the visit/service report is available for the department representative to read before leaving. This is especially important where report of what work has been carried out is in electronic format.
* The departmental representative is to ensure that this form is archived appropriately and that these records are kept for the lifetime of the device or area.

Both parties sign and date the handover form.

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| **Part 3: Department – Returning equipment to use.** |
| As the Department Representative for the area / equipment detailed above, **I am satisfied** with the details given above and that the equipment is safe to be used, in accordance with the manufacturer’s documentation, and any limitations detailed above and can be returned to use, in accordance with an appropriate risk assessment and system of work |  |
| As the Department Representative for the area / equipment detailed above, **I am NOT satisfied** that it is satisfactory for use. The area or device is not to be used under any circumstances until the actions detailed below have been completed and I am satisfied that it is safe to use.  |  |
| Ref No. | Action Required | Action to be completed by | Action Completed |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **DRPS:** | **Signature:** | **Date:** | **Time:** |

**Part 3: Returning equipment to use**

This section is to be completed by the departmental representative who has been trained on the safe use of and who has been deemed competent to operate the device by the department. All departmental procedures should be followed. This may involve procedures outside those associated with IRR17, such as room preparation, electrical safety testing, *etc.*

If the departmental representative or service provider has indicated that the work that has been carried out could have implications for radiation safety, then advice from the URPO or URPA should be sought and equipment testing may be required before the equipment can be returned to use, in accordance with departmental procedures.

The departmental representative completing Part 3 should tick the box to indicate if they are satisfied, or not satisfied for the equipment to be returned to use (give reasons and actions taken) and then fill in their name, sign, date and include the time. The completed handover form should be filed together with the visit/service report on work carried out.