**Safety, Health & Wellbeing**

**Form RP-2 (Ionising Radiation)**

**Appointment of Departmental Radiation Protection Supervisor(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |  | | |
| **Building:** |  | **Area(s):** |  |
| **Building:** |  | **Area(s):** |  |

*As Head of the above department, I appoint the person named below to the role of Departmental Radiation Protection Supervisor (DRPS). Their function is to ensure, on my behalf, the administration and implementation of appropriate legislation, the University’s OHS arrangements plus those parts of the Department’s Safety arrangements which apply to the particular radiation sources located within the buildings that form part of their appointment.*

**Ionising Radiation**

|  |  |
| --- | --- |
| **DRPS – Radioisotopes**  Concerning the requirement of the Ionising Radiation Regulations 2017 that a suitable person is to be appointed to manage the materials in this department that emit ionising radiation, the person named below is hereby appointed as the departmental radiation protection supervisor for the above buildings and areas. | |
| Name: ……………………………………………… | Date: ……………………………………………… |
| **DRPS - X-ray**  Concerning the requirement of the Ionising Radiation Regulations 2017 that a suitable person is to be appointed to manage the equipment in this department that emit x-rays, the person named below is hereby appointed as the departmental radiation protection supervisor for the above buildings and areas. | |
| Name: ……………………………………………… | Date: ……………………………………………… |

**A separate RP-2 Form is to be used for each person appointed as DRPS / Deputy DRPS**

**Head of Department**

**I am satisfied with the above appointment:**

|  |  |
| --- | --- |
| Name (print): ………………………………………………… | Title: ………………………………………………… |
| Signature: …………………………………………………… | Date: ……………………………………………… |

**Appointed Person**

**I accept the above appointment:**

|  |  |
| --- | --- |
| Name (print): ………………………………………………… | Title: ………………………………………………… |
| Signature: …………………………………………………… | Date: ……………………………………………… |

**Please return the completed form to the address below, either electronically or in hardcopy format.**

**The General Data Protection Regulations require the University to inform you that the data on this form will be used for the purposes of improving the management of health and safety in the University and in accordance with legislative requirements.**