

# HASS Record



**Please read the guidance notes on this form carefully before you complete this record. This form is available in pdf format from your regulator's website. Using that version will allow you to complete it electronically, should you wish. But it should be submitted in hard copy only – and not electronically.**

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## 1 Making and amending records

1a Date record made  
 \_\_\_\_\_

1b Replaces record made on  
 \_\_\_\_\_

1c Amends information about  
 \_\_\_\_\_

1d Fell below the relevant high activity sealed source activity value on  
 \_\_\_\_\_

1e Contact name for this record  
 \_\_\_\_\_

1f Contact's telephone number  
 \_\_\_\_\_

## 2 Identifying the Source

2a Source identifying number  
 \_\_\_\_\_

2b Name of source manufacturer or supplier  
 \_\_\_\_\_

2c Address of source manufacturer or supplier  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

2d Equipment identifying number  
 \_\_\_\_\_

2e Name of equipment manufacturer  
 \_\_\_\_\_

2f Equipment manufacturer's address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

## 2 Identifying the Source, continued

2g Practice  
 \_\_\_\_\_

2h Associated activity  
 \_\_\_\_\_

## 3 Identifying the HASS Holder

3a Holder's name  
 \_\_\_\_\_

3b Holder's address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

3c Organisation's identifier  
 \_\_\_\_\_

3d Type of holder

Manufacturer	<input type="checkbox"/>	Supplier	<input type="checkbox"/>
User	<input type="checkbox"/>	Storage	<input type="checkbox"/>

## 4 Location of HASS

4a Use

Fixed	<input type="checkbox"/>	Mobile	<input type="checkbox"/>
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4b Usual source location  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

**4 Location of HASS, continued**

4c Other source location

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

**5 Your Permit**

5a Permit number

\_\_\_\_\_

5b Date it became effective

\_\_\_\_\_

5c Date of expiry

\_\_\_\_\_

**6 Operational information**

\_\_\_\_\_

**7 Characterising the source**

7a Radionuclide

\_\_\_\_\_

7b Date of manufacture      7c Activity at that date

\_\_\_\_\_

7d Other reference date      7e Activity at that date

\_\_\_\_\_

7f Physical and chemical characteristics

\_\_\_\_\_

7g Source type

\_\_\_\_\_

7h Capsule identification

\_\_\_\_\_

7i ISO classification

\_\_\_\_\_

7j ANSI classification

\_\_\_\_\_

7k Special form certificate number

\_\_\_\_\_

**7 Characterising the source, continued**

7l Date of expiry of special form certificate

\_\_\_\_\_

**8 Receipt of HASS**

8a Date of receipt of this source

\_\_\_\_\_

8c Name of consignor

\_\_\_\_\_

8b Address of consignor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

8d Type of consignor

Manufacturer       Supplier

User

**9 Source transfer**

9a Date of transfer of this source

\_\_\_\_\_

9b Name of recipient

\_\_\_\_\_

9c Address of recipient

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

9d Type of recipient

Manufacturer       Supplier

User       Storage

Recycle       Disposal

9e Recipient's permission number

\_\_\_\_\_

**10 Further information**

10a Date of loss

10b Date of theft

\_\_\_\_\_

\_\_\_\_\_

10c Date of recovery

\_\_\_\_\_

**For regulator's use only**

Premises regulator

\_\_\_\_\_

Date report received

\_\_\_\_\_

Date regulator's record made

\_\_\_\_\_