

Application form to obtain recognition as an interruptionsite for transport of Class 7 dangerous goods

Additional information to complete the form.

* Please complete the form correctly and **in full**. The footnotes are important.
* The “RD on Transport” refers to the Royal Decree of 22/10/2017 on the transport of Class 7 dangerous goods, amended on 3/7/2019.
* Each attachment is referenced and dated.
* If this document or the attachments contain data that is classified according to the Royal Decree of 17 October 2011 on **the classification and protection of nuclear documents**, the rules for using this type of documents shall be observed.
* If any attachments are not written in Dutch, French, German or English, a translation of these documents into one of these languages shall be included.
* Meaning of the footnotes in the form:

a: Mandatory fields.

b: As used in the Crossroads bank for Enterprises (BCE/KBO) for Belgian companies. For European companies, please supply the registration number in the national register as defined in European Directive 2017/1132/EU.

c: Should only be completed by:

* Belgian companies if the information differs from the information shown in the BCE/KBO;
* foreign companies.
* The application reference, revision number and date shall be included in the footer.

**SECTION I: GENERAL INFORMATION**

|  |  |
| --- | --- |
| Application reference: | Please enter the application reference |
| Application revision: | Please enter the application revisionnumber |
| Application date: | Select the application date |

1. **IDENTIFICATION OF THE COMPANY AND REPRESENTATIVES OF THE ORGANISATION SEEKING TO ORGANISE AN INTERRUPTIONSITE (ORGANISER/APPLICANT)**
	1. **Head office**

|  |  |
| --- | --- |
| Namea: |       |
| Company numberab: |       |
| Addressac: |       |
|  |       |
| Phone (general)a: |       |
| E-mail (general)a: |       |
| Website: |       |
|  |
| Legal representative: | Namea: |       |
|   | Functiona: |       |
|   | Phonea: |       |
|   | Mobile: |       |
|   | E-maila: |       |
|  |
| Contact person:  | Name: |       |
| (for questions relating to the content of this application) | Function: |       |
|   | Phone: |       |
|   | Mobile: |       |
|   | E-mail: |       |

A **copy** of the following documents is attached:

**[ ]  Attachment 1:** Founding statutes of the company.

[ ]  **Attachment 2:** Legal representative’s mandate.

[ ]  **Attachment 3:** Company organisation chart.

* 1. **Operational office (if different from the head office)**

|  |  |
| --- | --- |
| Namea: |       |
| Addressac: |       |
|  |       |
| Phone (general)a: |         |
| Website: |         |

* 1. **Invoicing information**

|  |  |
| --- | --- |
| Namea: |       |
| Addressa: |       |
|  |       |
| VAT number: |       |
| Reference to be quoted on the invoice (if necessary): |       |

* 1. **Health Physics Department (HPD)**

|  |  |
| --- | --- |
| Name of the Head of the Health Physics Department: |         |
| Name of the recognised health physics expert or name of the recognised health physics organisationa: |       |
| Addressa |       |
|  |       |
| Phonea: |       |
| Mobile: |       |
| E-maila: |       |

All recognised health physics organisations for the transport of Class 7 dangerous goods are listed on the www.fanc.fgov.be website.

A **copy** of the following documents is attached:

[ ]  **Attachment 4A:** Description of the organisation of the health physics department (HPD).

[ ]  **Attachment 4B:** Organisation chart showing the position of the Head of the HPD in the organisation structure.

* 1. **Radiation protection officer(s) (RPO)**

|  |  |
| --- | --- |
| Namea: |       |
| Phonea: |       |
| Mobile: |       |
| E-maila: |       |
| (If there are several officers with this title, please list them all in Attachment 4A). |
| Back-up name: |       |
| Back-up phone number: |       |
| Back-up mobile number: |       |
| Back-up e-mail: |       |

1. **TYPE OF APPLICATION**

**Type of recognition**

**[ ]** New recognition

[ ]  Extension – Previous recognition reference:

[ ]  Modification – Previous recognition reference:

 The following modifications apply:

 [ ]  Company information

 [ ]  Health Physics Department organisation

 [ ]  Nature of the Class 7 dangerous goods

 [ ]  Type of interruptions

 [ ]  Change to the interruptionsite

 [ ]  Radiation protection programme

 *[ ]*  Other, please specify:

1. **DESCRIPTION OF DOCUMENTS**
2. **Management system**

**[ ]** The applicant hereby declares that they have a management system based on international, national or other standards that are acceptable to the competent authority.

Reference:       - date:

 [ ]  The management system is certified under:

A **copy** of the following documents is attached:

**[ ]  Attachment 5:** Description of the management system (e.g. quality manual or equivalent).

**[ ]  Attachment 6:** List of procedures and operating instructions relating to the interruption of transports of Class 7 dangerous goods.

**[ ]  Attachment 7:** Description of how non-conformities relating to the interruption of transports of Class 7 dangerous goods are handled and monitored.

1. **Radiation protection programme**

**[ ]** The applicant hereby declares that they have a radiation protection programme relating to the interruption of transports of Class 7 dangerous goods as specified in the regulations for the transport of dangerous goods.

**[ ]** The applicant hereby declares that they are in possession of a workplace analysis for the purpose of assessing the dose received by the staff present during the interruptions.

**[ ]** The applicant hereby declares that they will apply the measures resulting from this workplace analysis during the interruption.

**[ ]** The applicant hereby declares that they will notify the licensee/infrastructure manager of any measures to be taken as a result of this workplace analysis.

|  |  |
| --- | --- |
| Reference of the Radiation protection programme (RPP):RPP revision number:Date of the RPP:Name of the author of the:Name of recognised health physics expert who approved the RPP:Date on which the RPP was approved by the recognised expert: |                           |

A **copy** of the following document is attached:

**[ ]  Attachment 8:** Radiation protection programme approved by the recognised health physics expert.

1. **Risk analysis**

**[ ]** The applicant hereby declares that they are in possession of a risk analysis relating to the interruption of transports of Class 7 dangerous goods.

**[ ]** The applicant hereby declares that they will apply the measures resulting from this risk analysis during the interruptions.

**[ ]** The applicant hereby declares that they will notify the licensee/infrastructure manager of any measures to be taken as a result of this risk analysis.

A **copy** of the following document is attached:

**[ ]  Attachment 9:** Risk analysis relating to the interruption of transport of Class 7 dangerous goods.

1. **Security**

**[ ]** The applicant hereby declares that they comply with the security requirements relating to the interruption of transports of Class 7 dangerous goods as specified in the regulations concerning the transport of dangerous goods.

**[ ]** The applicant hereby declares that no interruption of transports of Class 7 high consequence dangerous goods willtake place.

**[ ]** The applicant hereby declares that transport of Class 7 high consequence dangerous goods may be interrupted and that they have a security plan for these interruptions.

[ ]  The applicant hereby declares that they comply with the security requirements relating to the interruption of transports of nuclear material.

A **copy** of the following document is attached:

**[ ]  Attachment 10:** Security plan for interruption of transport of Class 7 high consequence dangerous goods.

1. **Emergency plan**

**[ ]** The applicant hereby declares that they are in possession of an emergency plan relating to the interruption of transports of Class 7 dangerous goods.

A **copy** of the following document is attached:

**[ ]  Attachment 11:** Emergency plan relating to the interruption of transport of Class 7 dangerous goods.

1. **Insurance**

*[ ]*  The applicant hereby declares that they have civil liability insurance to cover the interruption of transports of Class 7 dangerous goods (do not attach a copy).

**SECTION II: SPECIFIC INFORMATION**

1. **LOCATION OF THE INTERRUPTIONSITE**

|  |  |
| --- | --- |
| Addressa: |         |
|  |       |
|  |       |
| On the terrain of a classified facility | [ ]  Yes[ ]  No |
| On the terrain of an infrastructure manager? | [ ]  Yes[ ]  No |

|  |  |  |
| --- | --- | --- |
| The responsible person for the interruptionsite on behalf of the organiser/applicant: | Namea: |       |
|   | Functiona: |       |
|   | Phonea: |       |
|   | Mobile: |       |
|   | E-maila: |        |

|  |  |  |
| --- | --- | --- |
| Contact person: | Name: |       |
| (if different) | Function: |       |
|   | Phone.: |       |
|   | Mobile: |       |
|   | E-mail: |       |

|  |  |  |
| --- | --- | --- |
| Name of licensee/infrastructure manager (if applicable)a:Company numberab:The responsible person for the interruptionsite on behalf of the licensee/infrastructure manager (if applicable): | Namea: |                 |
|   | Functiona: |       |
|   | Phone.a: |       |
|   | Mobile: |       |
|   | E-maila: |        |

1. **Description of the NATURE of transportS to be interrupted at the interruptionsite**

|  |  |
| --- | --- |
| **UN groups** | **UN numbers** |
| [ ]  UN-Group 1 | [ ]  UN 2908 | [ ]  UN 2911 |
| [ ]  UN 2909 | [ ]  UN 3507 |
| [ ]  UN 2910 |  |
| [ ]  UN-Group 2 | [ ]  UN 2912 | [ ]  UN 2919 |
| [ ]  UN 2913 | [ ]  UN 3321 |
| [ ]  UN 2915 | [ ]  UN 3322 |
| [ ]  UN 2916 | [ ]  UN 3323 |
| [ ]  UN 2917 | [ ]  UN 3332 |
| [ ]  UN-Group 3 | [ ]  UN 3324 | [ ]  UN 3329 |
| [ ]  UN 3325 | [ ]  UN 3330 |
| [ ]  UN 3326 | [ ]  UN 3331 |
| [ ]  UN 3327 | [ ]  UN 3333 |
| [ ]  UN 3328 |  |
| [ ]  UN-Group 4 | [ ]  UN 2977 | [ ]  UN 2978 |

|  |  |
| --- | --- |
| Maximum duration of interruptions: |       |
| Maximum number of vehicles: |       |
| Type of vehicles:  |       |
|   |   |

A **copy** of the following document is attached:

**[ ]  Attachment 12:** Additional information on the nature of transports to be interrupted at the interruptionsite.

1. **Description of how requirements are satisfied for an interruptionsite[[1]](#footnote-2)**
2. Interruptions should be as brief as possible

|  |  |
| --- | --- |
| Description of measures taken to ensure that the interruptions are as brief as possible. |       |

1. Enclosed terrain

|  |  |
| --- | --- |
| Is the terrain fully enclosed? | [ ]  Yes[ ]  No |
| Compensatory measures if the terrain is not enclosed: |       |
| Will the transport be interrupted in a building? | [ ]  Yes[ ]  No |

A **copy** of the following documents is attached:

**[ ]  Attachment 13:** Plan of the interruptionsite, clearly showing the provided places for the vehicles.

**[ ]  Attachment 14:** Plan of the building, clearly showing the provided places for the vehicles.

1. Detaching road vehicles

|  |  |
| --- | --- |
| Are the vehicles equipped with an anti-theft system? | [ ]  Yes[ ]  No |
| will articulated road vehicles be detached? | [ ]  Yes[ ]  No |
| IS the building equipped with an alarm system?  | [ ]  Yes[ ]  No |

A **copy** of the following documents is attached:

**[ ]  Attachment 15:** Plan of the interruptionsite, clearly showing the provided places for the vehicles, tractors and trailers.

**[ ]  Attachment 16:** Descriptions of the vehicle anti-theft system and/or the building alarm system.

1. Road vehicle fuel tank or detection and automatic fire extinguishing system

**[ ]** The applicant hereby declares that they intend to take the necessary measures to ensure that road vehicles present at the interruptionsite have a minimum fuel level in their tanks.

**[ ]** The applicant hereby declares that a detection and an automatic fire extinguishing system is present.

A **copy** of the following document is attached:

**[ ]  Attachment 17:** Description of the detection and the automatic fire extinguishing system.

1. Staff present in case of an event

**[ ]** The applicant hereby declares that they will take the necessary measures to ensure that, in case of an event, the necessary staff will arrive on the scene as soon as possible and in no more than 15 minutes.

A **copy** of the following document is attached:

**[ ]  Attachment 18:** Description of how it is guaranteed that the staff necessary will be available in time.

1. No other dangerous goods in the vicinity (within 10 metres of the vehicles)

**[ ]** The applicant hereby declares that no other dangerous goods will be in the vicinity of the vehicles (within a radius of 10 metres) during the interruption.

[ ]  The applicant hereby declares that other dangerous goods will be present in the vicinity of the vehicles. Their presence has been taken into account in the risk analysis and/or compensatory measures will be taken.

1. Inventory

**[ ]** The applicant hereby declares that they will take the necessary measures to compile, update and distribute the inventory to the relevant persons.

1. Consent of recognised health physics expert(s)

**[ ]** The applicant hereby declares that they will request written consent from the recognised health physics expert of each carrier before this carrier interrupts the first transport at the interruptionsite and that they will send this/these consent form(s) to the Agency.

A **copy** of the following document is attached:

**[ ]  Attachment 19:** Written consent forms from the recognised health physics experts of each carrier (these consent forms may be sent at a later date).

1. Notification

**[ ]** The applicant hereby declares that they will take the necessary measures to ensure that notifications are made in due time.

1. Delimitation

**[ ]** The applicant hereby declares that the necessary area (5 µSv/h) will be delimited correctly.

**[ ]** The applicant hereby declares that activities around the vehicles will be restricted as far as possible

1. Additional signalisation

**[ ]** The applicant hereby declares that additional signalisation will be put in place correctly.

A **copy** of the following document is attached:

**[ ]  Attachment 20:** Description of additional signalisation.

1. Permanent guard or compensatory measures

**[ ]** The applicant hereby declares that a permanent guard will be installed during the interruption of transports of Class 7 high consequence dangerous goods.

**[ ]** With the exception of nuclear material in physical protection group B, the applicant hereby declares that they will take compensatory measures instead of providing a permanent guard.

A **copy** of the following document is attached:

**[ ]  Attachment 21:** Description of the compensatory measures to replace the permanent guard.

1. Aligning of the security plans for nuclear material in physical protection group B

**[ ]** The applicant hereby declares that they will align their security plan for the interruption of transports of nuclear material in physical protection group B with the carrier’s security plan.

**SECTION III: ATTACHMENTS**

**THE FOLLOWING DOCUMENTS SHALL FORM PART OF THE APPLICATION FOR RECOGNITION :**

**Please tick the attachments that are enclosed:**

1. **General:**

[ ]  **Attachment 1:** Founding statutes of the company.

**[ ]  Attachment 2:** Legal representative’s mandate.

[ ]  **Attachment 3:** Company organisation chart.

[ ]  **Attachment 4A:** Description of the organisation of the health physics department (HPD).

[ ]  **Attachment 4B:** Organisation chart showing the position of the head of the HPD in the organisation structure.

[ ]  **Attachment 5:** Description of the management system (e.g. quality manual or equivalent).

[ ]  **Attachment 6:** List of procedures and operating instructions relating to interruption of transport operations for Class 7 dangerous goods.

[ ]  **Attachment 7:** Description of how non-conformities relating to the interruption of transports of Class 7 dangerous goods are handled and monitored.

[ ]  **Attachment 8:** Radiation protection programme approved by the recognised health physics expert.

[ ]  **Attachment 9:** Risk analysis relating to the interruption of transports of Class 7 dangerous goods.

[ ]  **Attachment 10:** Security plan relating to the interruption of transports of Class 7 high consequence dangerous goods.

[ ]  **Attachment 11:** Emergency plan relating to the interruption of transports of Class 7 dangerous goods.

[ ]  **Attachment 12:** Additional information on the nature of transport to be interrupted at the interruptionsite.

[ ]  **Attachment 13:** Plan of the interruptionsite, clearly showing the provided places for the vehicles.

[ ]  **Attachment 14:** Plan of the building, clearly showing the provided places for the vehicles.

[ ]  **Attachment 15:** Plan of the interruptionsite, clearly showing the provided places for the vehicles, tractor units and trailers.

[ ]  **Attachment 16:** Descriptions of the vehicle anti-theft systems and the building alarm system.

[ ]  **Attachment 17:** Description of the detection and automatic fire extinguishing system.

[ ]  **Attachment 18:** Description of how it is guaranteed that the necessary staff will be available in time.

[ ]  **Attachment 19:** Consent forms from recognised health physics experts.

[ ]  **Attachment 20:** Description of additional signalisation.

[ ]  **Attachment 21:** Description of compensatory measures to replace the permanent guard.

**Additional documents:**

[ ]  **Attachment 22:**

[ ]  **Attachment 23:**

If necessary, the Agency may ask for other documents that do not form part of the request.

**SECTION IV: SIGNATURES**

1. **LEGAL REPRESENTATIVE**

|  |  |
| --- | --- |
| The legal representative hereby declares that he/she has:* completed the application form truthfully, to the best of his/her knowledge and that he/she is aware that filling in the form incorrectly or incompletely may result in the recognition application being declared incomplete and/or cancelled;
* organised a health physics department.
 | Name, date and signature, preceded by the handwritten statement “Read and approved”………………………………………………………………….**Date:****Name:****Signature:** |

1. **HEAD OF THE HEALTH PHYSICS DEPARTMENT**

|  |  |
| --- | --- |
| The Head of the Health Physics Department hereby declares that he/she:* has checked the application form to ensure that it is accurate and complete;
* manages the Health Physics Department as specified in Art. 23.2.2 of the General Regulations.
 | Name, date and signature, preceded by the handwritten statement “Read and approved”………………………………………………………………….**Date:****Name:****Signature:** |

1. **RECOGNISED HEALTH PHYSICS EXPERT**

|  |  |
| --- | --- |
| The recognised health physics expert hereby declares that he/she:* has checked the application form to ensure that it is accurate and complete;
* ensures the health physics controls specified in Art. 23.2.6.b) of the General Regulations for the applicant.
 | Name, date and signature, preceded by the handwritten statement “Read and approved”………………………………………………………………….**Date:****Name:****Signature:** |

1. **INDIVIDUAL RESPONSIBLE ON BEHALF OF THE LICENSEE/INFRASTRUCTURE MANAGER (if applicable)**

|  |  |
| --- | --- |
| The responsible person on behalf of the licensee or the infrastructure manager (if applicable) hereby declares that:* he/she has provided the applicant with the necessary information to complete this application correctly;
* he/she has taken note of the information in this application;
* he/she will apply the measures resulting from this application insofar as they relate to his/her responsibilities.
 | Name, date and signature, preceded by the handwritten statement “Read and approved”………………………………………………………………….**Date:****Name:****Signature:** |

1. Please provide a separate attachment if there is not enough space here. [↑](#footnote-ref-2)