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| **PART 1: University of Nottingham** – Handover of designated area and equipment to company representative | | | | | | | |
| **School / Facility / Department:** | | | | **Designated area / room:** | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| **Campus:** | **Building:** | | | **Equipment:** | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | | |
| **Company carrying out work:** | | | **ID seen:** | | | **Call reference no.:** | |
| Click or tap here to enter text. | | | YES  NO | | | Click or tap here to enter text. | |
| **Reason for handover:** | | | | | | | |
| Breakdown  Preventative maintenance  Annual service  Other: Enter text here to specify | | | | | | | |
| **Has contamination monitoring ruled out radioactive contamination in the work area?** | | | | | **Have any sealed sources (not required for the work to be carried out) been secured away from area?** | | |
| YES  NO  Click or tap here to enter text. | | | | | YES  NO  Click or tap here to enter text. | | |
| **Identify known hazards within Designated area or equipment:** | | | | | | | |
| Enter text here to specify | | | | | | | |
| **University:** As an authorised representative of the University, I hereby hand over the designated area and equipment as above. Information has been exchanged to enable appropriate risk assessment to be made. | | | | **Company:** As an authorised and suitably trained representative of the company, I accept responsibility for the controlled area and equipment. I will work in compliance with my employer’s procedures and local rules and have shared the risk assessment and method statement with the University. | | | |
| **University representative:** | | | | **Company representative:** | | | |
|  | | | |  | | | |
| **Signature:** | | | | **Signature:** | | | |
|  | | | |  | | | |
| **Date:** | | **Time:** | | **Date:** | | | **Time:** |
|  | |  | |  | | |  |

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| **PART 2: COMPANY REPRESENTATIVE** – Handover of designated area and equipment to the University  *Please tick all applicable categories of work carried out. See visit/service report for full details* | | | | | | | | |
|  | **CATEGORY OF WORK** | | **DETAILS** | | | | | |
|  | Routine service | |  | | | | | |
|  | Fault diagnosis / repair | |  | | | | | |
|  | Installation of parts | |  | | | | | |
|  | Upgrade / modification | | Hardware  Software | | | | | |
|  | Incident response | |  | | | | | |
|  | Hazard notice response | |  | | | | | |
|  | Exposure notice response | |  | | | | | |
|  | Other | | Enter text here to specify | | | | | |
| **Could this work have implications for radiation safety or image quality? No  Yes**  *If* ***yes****, tick one or more boxes below that apply. Refer to visit/service report for full details.* | | | | | | | | |
|  | Shielding | | |  | | Interlocks / exposure / termination | | |
|  | Beam quality / filtration / grid | | |  | | Collimation / alignment / field sizes | | |
|  | Dose curve / protocol | | |  | | Safety features / warning devices / Safety systems | | |
|  | Dose indicator (e.g. DAP, skin dose) | | |  | | Mechanical / electronic / scale cal. | | |
|  | Imaging quality / processing | | |  | | Detector dose / input dose | | |
|  | Other – refer to the service report | | |  | |  | | |
| **Select one of the following:** | | | | | | | | |
| Equipment is **OPERATIONAL** following work as indicated above and detailed on the visit / service report | | | | | | | |  |
| Equipment is **PARTIALLY OPERATIONAL**, but limits may exist, please refer to the visit / service report | | | | | | | |  |
| Equipment is **NOT OPERATIONAL and MUST NOT BE USED** | | | | | | | |  |
| The responsibility for the controlled area and equipment is hereby returned to the University  Any faults have been reported to the University representative and a summary provided here  Click or tap here to enter text. | | | | | | | |  |
| **Company representative:** | | | | | **University representative:** | | | |
|  | | | | |  | | | |
| **Signature:** | | | | | **Signature:** | | | |
|  | | | | |  | | | |
| **Date:** | | **Time:** | | | **Date:** | | **Time:** | |
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| **PART 3: University of Nottingham** – Returning equipment to use | | |
| I confirm that I have been authorised as a competent representative of the University | |  |
| I confirm that the above company has provided information and that I have reviewed the associated service report and appropriate checks have been carried out in accordance with my employer’s procedures. Note: Local Rules / Procedures have been reviewed to ensure equipment is suitable for use – including pre-use monitoring and action levels | |  |
| **I am satisfied that the equipment is in a satisfactory condition for use** | |  |
| **I am NOT satisfied that the equipment is in a satisfactory condition for use** | |  |
| **University representative:** | **Signature:** | |
|  |  | |
| **Date:** | **Time:** | |
|  |  | |

**Guidance Notes for Radiation Designated Area and Equipment Handover Form**

**Part 1: University of Nottingham – Handover of designated area & equipment to Company Representative**

To be completed by the person who passes the piece of radiation equipment to the company representative or service provider representative (engineer, application specialist, etc.). Any known hazard 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, filling in the date and time as well. By signing, the company representative or service provider representative accepts responsibility for the controlled area and equipment and agrees that they will work in compliance with their employer’s procedures and Local Rules.

**Part 2: COMPANY REPRESENTATIVE – Handover of designated area & equipment to the University**

To be completed by the company representative or service provider representative, that has carried out work on the equipment, and the University representative. The University representative in Part 2 may be a different person to the one who handed the equipment over in Part 1. The company representative or 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 image quality. If yes, tick one or more boxes that apply.
* 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 University representative to read before leaving. This is especially important where report of what work has been carried out is in electronic format.
* Both parties sign and date the handover form.

**Part 3: University of Nottingham – Returning equipment to use**

This section is to be completed by the University representative, who is authorised to sign for the return of equipment to use. Employer’s procedures should be followed. This may involve procedures outside those associated with IRR17 (such as room preparation, electrical safety testing, etc.).

If the company representative or service provider representative has indicated that the work that has been carried out could have implications for radiation safety, then advice from the RPA should be sought and equipment testing (e.g. quality control tests) may be required before the equipment can be returned to use, in accordance with the University’s procedure.

The University representative completing Part 3 should tick the box to indicate if they are satisfied, or not satisfied (give reasons and actions taken), for the equipment to be returned to use 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.