The Inspector Calls – working with the enforcement authorities

Version 1

September 2006
The Inspector Calls – working with the enforcement authorities

Introduction

Purpose of guidance

This document is intended for all staff that from time to time liaise with enforcement authorities. It describes the role and function of the authorities and the likely circumstances in which they would visit Council establishments.

Any Council establishment or team may be visited by an authority or agency that has enforcement powers given to them through legislation.

Through an understanding of the relevant authority and more specifically the purpose of each visit, your establishment will be able to prepare for and manage the visit more effectively. This in itself will be an important first step toward impressing the inspector of good management.

Of equal importance is post-visit management. The authority may make specific demands, requests or recommendations, but even without this action, the establishment will need to follow up any issues raised as a result of the visit. This document provides guidance on follow up procedure.

Enforcement agencies

Each agency with enforcement powers has had these powers conferred on them through legislation, either through an Act of Parliament, Regulations or Order. In some cases in England and Wales, the agency can bring court action directly or via a solicitor. In Scotland it is likely they will seek action through the offices of the Procurator Fiscal.

The agencies and authorities included in this document are the Health and Safety Executive (HSE), the Environment Agency (EA) and the Scottish Environment Protection Agency (SEPA). Further guidance on the Police, the Home Office (HO) and the Fire Authorities (FA) will be added later.

Single reference document

Each of the authorities produces its own helpful guidance. This document brings them together as a single reference document, relevant to the operations of MRC establishments.

Policy

It is the Policy of the MRC to ensure the health and safety of employees and all others under its management control, to not put at risk others who may be affected by our activities and to protect the environment. The consequent aim of the MRC is for this to be achieved through best practice, which includes full legal compliance.

MRC establishments should recognise that liaison with enforcement authorities and agencies is an important aspect of ensuring legal compliance and should therefore be familiar with the roles, functions and enforcement powers of these bodies.
Directors Summary

This document provides information on the roles and functions of key enforcement authorities, whose remits are relevant to the business of the MRC.

Guidance is provided on how to liaise with each authority. The notes describe their roles and functions, the circumstances in which they may wish to visit your establishment, how to manage and prepare for a visit, together with the possible consequences of the visit and how to manage any outcomes.

Guidance notes

Guidance is provided on the roles and functions of the inspectorates of the Health and Safety Executive, the Environment Agency and the Scottish Environment Protection Agency. Guidance will follow on liaising with the Police, Home Office and Fire Authorities.

Action required

Directors and External Scientific Staff team leaders should ensure that those with responsibility for Health, Safety, Security and the Environment are familiar with this document. The document should be used for reference to aid the preparation for, execution and follow up of visits from the respective authorities.

The MRC Corporate Health, Safety and Security section will be pleased to assist establishments in the event of such a visit.
Guidance notes

The guidance is designed to assist establishments in their liaison with enforcement agencies and authorities, specifically in how you plan, manage and act upon agency visits.

The first guidance note describes each of the main agencies and authorities, briefly identifying how and why they may interact with MRC establishments, as a means of introduction to the more detailed information included in the remaining Guidance Notes.

Each of Guidance Notes 2-6 follows a similar pattern of describing in greater detail the role and function of each agency or authority, why its officers might visit, how to prepare for the visit, how to manage the visit, the powers of enforcement available to the agency or authority and how to action any requests or notices issued by the agency or authority.

Guidance note 1  Enforcement agencies - general information

Guidance note 2  Health and Safety Executive

Guidance note 3  Environment Agency and Scottish Environment Protection Agency

Guidance note 4  Police  (proposed date March 2007)

Guidance note 5  Home Office  (proposed date March 2007)

Guidance note 6  Fire authorities  (proposed date March 2007)
Guidance Note 1

Enforcement agencies - general information

Health and Safety Executive and Local authorities

The Health and Safety Executive (HSE), together with the Health and Safety Commission, HSC, was created under the Health and Safety at Work etc 1974 (1974 Act). One of the major roles of the HSE is to ensure legal compliance with the 1974 Act. This responsibility is achieved in part through the powers given to inspectors.

HSE general or specialist inspectors monitor compliance with most aspects of the 1974 Act and with secondary legislation made under the Act, e.g., Control of Substances Hazardous to Health (COSHH) Regulations and the Ionising Radiation Regulations (IRR). Their preferred choice is to provide advice and encouragement to employers to achieve compliance, but further enforcement options are available to them.

The 1974 Act also makes provision that in certain work situations, for example in commercial offices, enforcement is through Local Authorities (LAs). Very few MRC establishments are served in this way by LAs, although LAs may have powers in areas other than health and safety (for example through Environmental Health Officers). For matters of health and safety, reference to HSE includes LAs as appropriate.

Environment Agency and Scottish Environment Protection Agency

There are two main areas of responsibility for these agencies with respect to MRC activities. This guidance focuses upon the storage and disposal of radioactive isotopes. Further guidance on the Agencies’ roles in protecting the environment (mainly waste disposal) will be added at a later date.

The Radioactive Substances Act 1993 (RSA93) is an Act of Parliament which consolidates the Radioactive Substances Act 1960 (RSA60) as amended by the Environmental Protection Act 1990 (EPA90). Later amendment was made in the Environment Act 1995. RSA93 requires anyone who wants to keep or use radioactive material to be registered before getting the materials, and for anyone who wants to accumulate or dispose of radioactive waste to be authorised.

Certificates of Registration and Authorisation issued under RSA93 contain legally binding conditions for organisations that are permitted to keep or use radioactive material or accumulate or dispose of radioactive waste.

The Environment Agency (EA) and the Scottish Environment Protection Agency (SEPA) are the enforcement agencies for the above Acts.

The following authorities will be included in future editions of this guidance.

Police

The Police Forces are of course the principle law enforcement authorities in the UK. Their major powers relate to arrest and charge and thereafter the process is in the hands of the Crown Prosecution Service. They do however have specific duties under certain legislation: the first is that of support for the other authorities on a ‘when required’ basis and the
second is under Anti-terrorist legislation. On the latter point, this legislation was enacted under the authority of the Home Office, to which the Police Forces are directly accountable.

**Home Office**

In respect of MRC activities, the Home Office is the enforcing authority for all work with experimental animals.

The legislation conferring powers to inspectors is the Animals (Scientific Procedures) Act 1986.

This work is the only area covered by this guidance.

The Home Office is also the body that manages registration for the holding of dangerous pathogens and toxins under anti-terrorism legislation, the issuing of licences for the purchase and storage of drug precursors and the safe use of controlled drugs, but enforcement for these areas rests with the Police.

**Fire authorities**

Where required under previous legislation, the Fire authorities had the responsibility for issuing Fire Certificates. Current legislation, principally the Fire Precautions (Workplace) Regulations 1997 (as amended) and the Management of Health and Safety at Work Regulations 1999, focuses on the requirement for a Fire Risk Assessment. The responsibility for enforcing the new requirements for many establishments now rests with the Fire authorities, under the Regulatory Reform (Fire Safety) Order 2005. In contrast to the certification requirements, the requirements for a risk assessment and the enforcement protocol applies to all MRC establishments.
Guidance Note 2

Health and Safety Executive

Legal background
A major role of the Health and Safety Executive is to ensure legal compliance with the Health and Safety at Work etc Act 1974, and its subsidiary legislation.

HSE general or specialist inspectors monitor compliance with most aspects of the 1974 Act and with secondary legislation made under the Act, e.g., Control of Substances Hazardous to Health (COSHH) Regulations and the Ionising Radiation Regulations (IRR). Their preferred choice is to provide advice and encouragement to employers to achieve compliance, but further enforcement options are available to them.

The 1974 Act also makes provision that in certain work situations, for example in commercial offices, enforcement is through Local Authorities (LAs). Very few MRC establishments are served in this way by LAs, although LAs may have powers in areas other than health and safety (for example through Environmental Health Officers). For matters of health and safety, all reference to HSE in this document includes LAs as appropriate.

Role of agency
The Health and Safety Commission (HSC) holds the prime responsibility for enforcement of health and safety legislation. The agency that performs most of this function in practice is the health and Safety Executive (HSE), specifically the HSE inspectors.

According to their enforcement policy, HSE inspectors are bound to be consistent and to take action proportionate to the circumstances. This means that, although they would prefer to advise and encourage compliance without a heavy hand, they will take firm action if the law is being broken or if there is significant risk.

Powers of agency
The HSE have extensive powers, starting from their right to enter premises at any time, with or without permission and with or without warning. In reality of course, they will temper that approach with judgement, taking into account the risk to themselves and others.

Inspectors have the authority to take certain actions and these include:

- Requiring a policeman to accompany them if deemed necessary
- Directing the occupier to leave the site undisturbed
- Carrying out examinations and investigations, including taking measurements, photographs and samples
- Taking possession of an article and arranging for it to be dismantled or tested
• Seizing and making safe any article or substance that could cause serious personal injury

• Requesting information and taking statements from people they think can help an investigation

• Inspecting and copying documents

If the inspector considers that you are breaking health and safety law, or your activities give rise to a serious risk, they can:

• Issue an informal warning, verbally or in writing

• Issue an improvement notice or prohibition notice

• Prosecute or caution the company or individuals

Why inspectors visit

The HSE do this on the basis of risk. In particular they visit MRC establishments if:

• There is evidence of poor health and safety performance – either in the MRC or in the research sector in general. HSE will focus on the risks identified as priorities for national health and safety improvements (for instance falls, back injuries, animal allergy) because they are seen to have the greatest potential to improve health and safety performance.

• There is a national initiative to monitor key activities. In the MRC this may include the storage and use of radioisotopes, working with dangerous pathogens or work with genetically modified organisms.

• They want to investigate a specific incident (accident or work related illness) or complaint. They tend to focus only on the most severe incidents - those resulting in deaths or major injuries - or those that link to our priorities for national health and safety improvements.

• They wish to carry out random ‘spot checks’ on compliance

• They wish to keep abreast of new developments and processes or for training purposes.

What inspectors look for

Workplace

A brief tour of the workplace can tell the inspector a great deal about how the establishment functions. Housekeeping standards are important, for example keeping routes clear of obstruction, general tidiness, etc.

Work activities

MRC work activities can be specialised and technical. A general inspector will be keen to understand the processes and he or she is often accompanied by a specialist inspector, e.g. for pathogens, radioisotopes, or animal allergens.
Management

This is key. HSE believe that if proper management is in place, fewer accidents are likely. They will seek assurance at the personal and document level.

Legal compliance

In a way, the judgement on legal compliance will largely be arrived at through observation of the previous three headings. Thus they will look for, for example, policy statements, risk assessments, equipment service records, copies of notification documents and their acknowledgement and personal training records.

How to respond to a request to visit

This of course presupposes that your establishment has been warned. You are likely to get at least some warning, even if it is at short notice. In theory HSE can arrive unannounced, but in practice they will try to give you as much notice as is reasonable.

In the unlikely event that you receive no warning, an inspector should be introduced as soon as possible to the most senior member of staff available. This should be the director, but if he or she is not available then the deputy director, director of administration or the chair of the safety committee would be appropriate. In all cases, the Unit Safety Coordinator should be present. The inspector should then be invited to explain the reason for the visit. You should remember that he or she is likely to be pleasant and courteous (attitudes that should be reciprocated), but every request should be accommodated as far as possible, bearing in mind the bottom line that the inspector can insist and require items listed earlier.

In most circumstances however, you will be given a suitable time to prepare for the visit.

How to prepare for the visit

Documents

Part of the preparation for the visit will consider which documentation should be ready for inspection. On some occasions an inspector will ask for documents in advance, but it is helpful to think carefully about what is relevant and what is not. Different documentation may be required as part of an inspection visit than if the visit is part of an accident or incident investigation.

Appendix 1 gives examples of documents that might be required for the two kinds of visits. The lists are not exhaustive, so you should take care in interpreting them.

Setting the agenda

You will normally receive at least three weeks notice of a visit. Exceptions to this would include response to a very serious incident that requires prompt investigation. Even so, you should be able to respond appropriately and should include a section on dealing with authorities following a serious incident in your research continuity plan.

It is likely, but not mandatory, that the task of preparing for the visit will be delegated by the director to either the Unit Safety Coordinator, or the Chair of the Safety Committee, or both.
As part of your preparation you should determine with the inspector areas that are likely to be visited and ensure that any personal protective equipment requirements are planned in. Unless you know required sizes in advance, a range should be made available.

For a planned inspection, since management forms a central part of what the inspector will be looking at, it is right to show reasonable assertiveness in your liaison with the inspector. Initial dialogue will establish the issues HSE wish to look at and you can then plan the timing and content in a way to show the establishment in the best light as well as demonstrating compliance.

Your plan should give sufficient time for discussion, inspection and feedback as agreed with the inspector.

You should ensure that staff chosen to meet the inspector are a) selected by the establishment as far as possible for their knowledge and confidence; b) briefed on the purpose of the visit and guided on how to approach the inspector and c) reminded of the importance of wearing correct protective clothing and maintaining good practice in the workplace.

An example agenda together with a suggested outline of roles is;

- **Introductions (Director or Senior Management Representative)**
  - All parties should be formally introduced with their roles with respect to health and safety explained. A brief history of the Unit should be given with an overview of the type of work being undertaken.

- **Overview of the Unit’s activities (Director or Chair of Safety Committee)**
  - Briefly describe the potentially hazardous activities the establishment does (e.g. pathogens, radioisotopes, genetic modification, activities involving manual handling, twisting turning etc). These should be already identified within your local policy statement.

- **Tour of facilities (Unit Safety Coordinator)**
  - Take the Agency Inspector on a guided tour of the facilities (or a selection depending on the number of the facilities).

- **Summing up session**
  - The inspector should present an overview of the findings.

**Pre-inspection by local health and safety team**

If the visit is for an inspection, a team should be formed to carry out a pre-visit inspection. The aim of course is to ensure that as far as possible every thing is in place. The inspection will include looking for physical hazards, ensuring written procedures are available and finally ensuring that the staff are briefed and prepared. It is almost inevitable that the inspector will wish to talk to the staff.

The team can be composed of those that usually carry out local inspections, but as a guide should include the USC, a safety representative and one or two members of the safety committee. In addition a person responsible for each area should be in attendance to discuss pertinent issues. An inspection check list and form which can be adapted for this specific use can be found in our [Local Safety Inspections](#) guidance.
Pre-investigation by local health and safety team

If, instead, the visit is to investigate an accident or incident, the unit, wherever possible, should carry out an appropriate internal investigation prior to the visit. The report should form part of the documentation for the inspector. Guidance on accident investigation and a template for a report form can be found in our document on **Accident reporting and investigation**. It is important however to remember that an investigation will try to determine causes and make recommendations to ensure it does not happen again, not to apportion blame. Your internal investigation may not be complete and this fact should be communicated clearly to the inspector.

Awareness and readiness for visit

A small team of USC, Chair of the Safety Committee and a Senior Management Representative should meet a day or two before the visit and check that as far as possible everything is in place. Essentially this means:

- Documentation in place
- Those that will meet the inspector identified and briefed
- Areas identified for inspection

How to host the visit

Managing the inspection

The visit should start with a short meeting with the Director, during which the inspector can state the reasons for the visit and the establishment can outline what has been planned.

For the tour, make sure that the inspector is given appropriate PPE to wear. For laboratory based establishments this should be a laboratory coat as a minimum. Eye protection may also be required. If your local code requires the wearing of PPE to enter a particular area you are right to insist the inspector uses it. In fact it would be quite wrong not to do so.

Possible actions by the Agency

Notices or letters

Advice and informal warnings

If you are breaking the law, the inspector’s first option would be to tell you what the problem is, advise you what you need to do to comply with the law and explain why you should do so.

Inspectors may confirm their recommendations with a brief report issued at the inspection, or they may follow up any verbal advice given to you during their visit with a letter. You can ask the inspector to do this.

You would be well advised to follow any advice given by the inspector. If you do not, and later there is an accident caused by the legal breach, this could be taken into account in court.
Improvement notices

An inspector may issue an improvement notice if they believe you’re breaking health and safety law. This will usually be for a serious breach, or if it poses a risk to people.

The improvement notice will:
- specify the breach of law
- say what needs to be done and why
- give you a period of time in which to comply

The inspector will discuss the improvement notice with you before serving it, and try to resolve any disagreements you have.

The minimum time period for you to take any remedial action is 21 days.

If you think the notice is unfair, you have the right to appeal against it to an employment tribunal.

If you have any problem with understanding or compliance, you should get back in touch with the inspector who issued it for further advice. Failure to comply with a notice can result in prosecution.

Prohibition notices

If inspectors believe that there is a risk of serious personal injury, they may issue you with a prohibition notice.

The prohibition notice requires you to stop that activity, either immediately, or after a specified time period. You are not allowed to resume the activity until you have taken action to remove or control the risk.

The prohibition notice will explain why the inspector thinks there is a risk of serious personal injury.

It may also state:
- whether a law is being breached
- what you need to do to reduce or control that risk

Once again, if you have any problem with understanding or compliance, you should get back in touch with the inspector.

You must always stop the prohibited activity until you’ve taken the required remedial action, as not doing so could result in prosecution.

Prosecution

The Health and Safety inspector will help you meet your legal duties by persuasion and by offering advice. But they may decide to prosecute if there is enough evidence and if prosecution is in the public interest.

Prosecution is more likely and will normally follow in cases where:
- Someone has been killed due to a breach of law
- The offence or injury is serious
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- There has been repeated poor compliance
- Work has been carried out without a licence where one is needed, or in breach of the terms of that licence
- The standard of safety management falls far below that expected and causes significant risk
- There has been a failure to comply with an improvement notice or prohibition notice
- There has been an intent to deceive in relation to a matter which gives rise to significant risk
- Inspectors have been intentionally obstructed in the course of their duties

Prosecution arrangements differ between the English and Scottish legal systems.

Actions by establishment following visit

Debriefing

The team should convene as soon as is practicable after the visit and discuss a) the inspector’s report and b) what action they need to take.

Appealing against enforcement notices

If you are served with an improvement notice or prohibition notice you will be told in writing about your right to appeal and provided with the appropriate form.

Appeals must be made to an employment tribunal usually within 14 days.

You are most likely to want to appeal if you disagree with the inspector's opinion that you are breaking the law, or you disagree that your activities give rise to a risk of serious personal injury. If you do not understand what the notice is requiring you to do, or you think you need more time, discuss the problem with your Regional Safety Coordinator (RSC) or the Head of Corporate Health, Safety and Security (Head of MRC HSS) who may advise you directly or recommend you consult the inspector for further advice.

If you appeal against an improvement notice, the notice will be suspended until your appeal is heard.

If you appeal against a prohibition notice, the notice stays in force until after your appeal unless you apply to the tribunal to have it lifted pending the appeal. If the secretary of the tribunal agrees with your application, the notice will be lifted pending the court's decision.

The tribunal can either:
- uphold the notice
- vary the terms of the notice
- quash the notice

If the tribunal upholds or varies the terms of an improvement notice, you must ensure that you comply with its requirements within the time specified and thus comply with the law.

If the tribunal upholds a prohibition notice, you must not resume the prohibited activity without taking the required remedial action.
Complaining about a health and safety inspector

If you believe that the inspector has acted unreasonably, you have the right to complain, but before doing so, consult the Corporate Health, Safety and Security Section.

If you decide to proceed, you should write to the inspector's manager, who will investigate your complaint and tell you what they will do about it.

Further measures should only be taken with the guidance of your RSC or Head of MRC HSS.

Reviewing

It is likely that any visit by an inspector will lead to some recommendations for changes at least, if for no other reason than the principle of striving for continuous improvement. The report however will distinguish between minimal legal compliance and best practice. Any actions either recommended or required should be prioritised and an improvement plan put in place. At appropriate further intervals, the team should review progress and report back to senior management.

Involvement of corporate sections

When to notify Head Office or your Regional Safety Coordinator

You should notify your RSC as soon as practicable of a visit by the HSE. If the visit is to investigate an accident or incident, the RSC will inform the Head MRC HSS of the visit. We would remind establishments that an event reportable under RIDDOR has occurred, Head Office should be informed as soon as possible and the details entered on the MRC on-line accident reporting system.

When the Regional Co-ordinator or Head of Section needs to attend

It may not be necessary for corporate Health and Safety personnel to attend on all visits. The decision can often be made during the notification process (previous paragraph). If however there has been a fatality or serious injury or dangerous occurrence serious enough to warrant an immediate visit by HSE, the Head of section must be informed as soon as possible and will attend, wherever possible with the RSC.

If the visit is to investigate an accident or incident, it is likely that the RSC will attend.

Sending reports

The corporate section at Head Office and your RSC should each receive a copy of all visit reports.
Guidance Note 2

Documents recommended to be available to the inspector

The following table lists documents that you should have readily available to the inspector. It is perfectly acceptable for the documents to be in electronic form (e.g. on the Unit Intranet), in which case a list should be prepared so that the inspector can select which ones to see.

The list is not exhaustive and does not preclude the inspector making specific requests. You should also consult the MRC policy and guidance on Record Keeping.

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<th>Document</th>
<th>Inspection visit</th>
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<tr>
<td>Equipment and plant maintenance and testing records (specific to incident)</td>
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<td>Safety committee minutes</td>
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Guidance Note 3

General guidance on inspections by the Environment Agency and Scottish Environment Protection Agency

Aims

This document provides guidance to MRC Establishments which are to be inspected by the Environment Agency (in England and Wales) or the Scottish Environment Protection Agency (in Scotland) with respect to the use, storage and disposal of radioactive materials.

The guidance is appropriate for all MRC Establishments where radioactive materials are used. The alert for an Inspector’s visit may come from the host or from the Agency directly.

MRC Establishments using radioactive substances should already be aware of the MRC Health and Safety Handbook Standards for radioisotope laboratories 2004. This handbook outlines the factors that should be taken into account when working with unsealed/open radioactive sources in laboratories.

The Agencies’ main objective in regulating waste is to ensure that waste is managed and disposed of properly so as to prevent harm to health and the environment, for example by preventing pollution of air and water, and through requiring controls on smells, litter, pests, etc. Whilst the Agencies oversee a broad scope of waste categories (for example asbestos, chemicals, lead, etc.), this guidance document is concerned only with inspections related to radioactive materials.

Legal Framework

The Radioactive Substances Act 1993 (RSA93) is an Act of Parliament which consolidates the Radioactive Substances Act 1960 (RSA60) as amended by the Environmental Protection Act 1990 (EPA90). Later amendment was made in the Environment Act 1995. RSA93 requires anyone who wants to keep or use radioactive material to be registered before getting the materials, and for anyone who wants to accumulate or dispose of radioactive waste to be authorised.

Certificates of Registration and Authorisation issued under RSA93 contain legally binding conditions for organisations that are permitted to keep or use radioactive material or accumulate or dispose of radioactive waste.

Under Exemption Orders some radioactive substances are exempt from RSA93, either from registration or authorisation or both. However, it should be noted that Exemption Orders are conditional and contain strict legal conditions relating to the safe use, storage, control and disposal. Some MRC Establishments may utilise one or more Exemption Orders, such as the Testing Instruments Exemption Order and the Uranium and Thorium Exemption Order. The Exemption Orders are a mechanism for providing control, without excessive bureaucracy, over minor uses of radioactive substances where there is a clear benefit from such use, whilst ensuring continued protection of the environment and the public.
The Environment Agency (EA) and the Scottish Environment Protection Agency (SEPA) are the enforcement agencies for the above Acts. The EA operates from the following regional offices: Anglian, Midlands, North East, North West, Southern, South West, Thames and Wales. SEPA operates out of the one Scottish Office.

The following definitions are relevant to RSA93:

- **An Open radioactive source** is radioactive material in a form that may be divided (for example, diluted). They include radioactive powders, gases, solutions or solids. There is potential for contamination of other materials.

- **A Closed radioactive source** is firmly incorporated, or sealed, in solid, inert, non-radioactive material which prevents the dispersion of any radioactive material. Closed sources include foil or electro-deposited materials. They normally consist of one or more radionuclides.

- **Mobile radioactive apparatus** means apparatus, equipment, appliance or other radioactive material which is either constructed or adapted for being transported from place to place and used for testing, measuring or otherwise investigating any of the characteristics of a substance or article or used for releasing radioactive material into the environment or introducing it into organisms.

- **The term premises** is defined in RSA93 to include any land, whether covered by buildings or not, including any place underground and any land covered by water.

The terms **competent person** and **qualified expert** are used in the Conditions of RSA93 Certificates. A competent person is someone who is suitably qualified and experienced on the requirements of RSA93 and the Conditions of RSA93 Certificates. A qualified expert is defined in Article 1 of the Basic Safety Standards Directive as being a person who, by virtue of certification by appropriate boards or societies, professional licences or academic qualifications and experience, is duly recognised as having expertise in a relevant field of specialisation (e.g. medical physics, radiation protection, etc.).

The EA and SEPA are also responsible for enforcing and regulating the High Activity Sealed Radioactive Sources and Orphan Sources (HASS) Regulations 2005. Consideration of security is required for high-activity sources which fall in any of source categories 1 to 4 in the scheme set out in the National Security Advice Centre (NSAC) Requirements (Security Requirements for Radioactive Sources, October 2005). Under RSA93, the Police Force Counter Terrorism Security Advisers (CTSAs) act as site security advisers to the EA and SEPA and the local CTSA officer will often accompany the Agency Inspector during visits to RSA93 registered premises in relation to HASS. The CTSAs are co-ordinated by the Police National Counter Terrorism Security Office (NaCTSO) which works centrally as part of the NSAC.

MRC Establishments should be aware that there are other pieces of legislation which impose certain restrictions and requirements on the use, keeping and disposal of radioactive materials that are outside of the jurisdiction of the Agency. In particular, attention is drawn to the requirements of:

- The Ionising Radiations Regulations 1999;
- The Radioactive Material (Road Transport) Regulations 2002;
- The Hazardous Waste (England and Wales) Regulations 2005;
- European Council (EURATOM) Regulations 1493/93 (shipments of radioactive substances between Member States);
- The Control of Pollution (Oil Storage) (England) Regulations 2001.
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Guidance Note 3

If you produce, move, receive or dispose of hazardous waste, there are certain procedures you must follow under the Hazardous Waste Regulations.

A MRC Policy and Guidance document for The Transport of Hazardous Substances and Materials\textsuperscript{12} gives guidance on the regulations governing the transport of hazardous substances and materials.

Role of the Agency

The EA and SEPA are responsible for regulating the disposal of radioactive waste from nuclear licensed sites and from ‘small user’ premises such as non-nuclear industrial sites, hospitals, universities and research premises in England & Wales, and Scotland, respectively. They also regulate the keeping and use of radioactive material and the accumulation and disposal of radioactive waste by small users.

The main objective of the EA and SEPA is to minimise the impact of the use of radioactive material and the disposal of radioactive waste on the environment and on human health. This is done by imposing strict controls on radioactive materials from the time of manufacture through to the time of disposal.

Powers of the Agency

Inspectors are enabled under RSA93 to visit any part of the premises, speak to employees, carry out tests (including dismantling and subjecting to any process) and inspections, take samples for evidence and/or further analysis, inspect documents, take photographs, give directions that the whole or any part of such premises, or anything in them, be left undisturbed for so long as is reasonably necessary for the purpose of any tests or inspections. Inspectors will take action if there is a risk to the environment or human health which needs to be dealt with immediately.

EA and SEPA Inspectors have the power to issue enforcement and prohibition notices or to report offences to the Secretary of State (England) or the Procurator Fiscal (Scotland), respectively.

In some cases an Inspector may consider that it is also necessary to initiate a prosecution. A person or body corporate found guilty of an offence under a Section of the law shall be liable to a fine (in some cases up to £20,000) or to imprisonment (in some cases up to 5 years), or both. Section 6 of the Environment Agency Management System Document ‘Guidance for the Enforcement and Prosecution Policy’\textsuperscript{12} provides Inspectors with guidance on the normal enforcement response in respect of offences committed.

Reasons for Inspections

All RSA93 registered premises are routinely visited. For premises with Certificates of Authorisation for the accumulation and disposal of radioactive waste, inspections are usually on an annual to biannual basis (Note the premises must by virtue of the RSA93 be covered under a current Open Source Certificate of Registration). For premises with Certificates of Registration for Closed sources, inspections are usually every two to four years. Premises making a new application under RSA93 are likely to get an Agency visit prior to a Certificate being issued. For those premises making a RSA93 application related to HASS sources, a visit is almost certain prior to a Certificate being issued.

However, inspections are also likely to take place in response to an accident or incident which was reported to the Agency (as required under the conditions of Certificates of
Registration and Authorisation). Inspections may also be prompted by the actions of the MRC Establishment perhaps through contacting the Agency (EA/SEPA) for advice.

Inspections are normally undertaken by Specialist Inspectors (Radioactive Substances Regulation Officers) and are likely to concentrate on the requirements of RSA93. However, if an Inspector notices a breach under other environmental legislation then the scope of the inspection is likely to broaden in response.

The inspection will, as a minimum, be with respect to the conditions of the Certificates of Registration and Authorisation. Therefore, on a routine inspection visit it is likely that an Inspector would want to inspect the workplace and work activities, discuss the management of radiation protection, and to check legal compliance. The Inspector may also want to talk to employees and their representatives.

Inspections may also take place when Acts and Regulations change or when new Acts and Regulations are introduced.

**How to Respond to the Agency’s Initial Contact**

Prior notice is usually given by the Agency for an inspection of routine nature. This may be via a telephone call or a formal letter from the local Inspector.

Arrange a mutually convenient date in the near future for the inspection. When choosing a date, try to ensure that you allow plenty of time for preparation and that all involved parties are available on that day such as the Health & Safety team and a senior representative from Management. The Health & Safety team should comprise of the Head of Health & Safety, the RPSs, the competent person (if different to the RPS), the RPA and the qualified expert (if different to the RPA). A suggested ‘rule of thumb’ is to allow a minimum of three weeks between the time of the Agency’s initial contact and the inspection date.

**How to Prepare for the Agency’s Inspection**

The key to a smooth and positive inspection is to ensure adequate planning and preparation leading up to the inspection. Preparation is a team effort and will require the contribution and participation of the RPSs, RPA, competent person (if different to the RPS), qualified expert (if different to the RPA), Head of Health & Safety and Senior Management. It is important that the preparation, planning and the actual inspection are effectively managed; ideally by a senior representative from Management or the Head of Health & Safety.

**Policy**

The MRC Establishment should already have in place a Health & Safety Policy and an Environmental Policy which incorporates or refers to the use, keeping and storage of radioactive materials on site and the accumulation and disposal of radioactive waste (where appropriate). These policies should be reviewed to ensure that they are a true and current representation of what is done on site. If it is found to be out of date (or lacking with respect to RSA93), the Policy should be reviewed, updated as required and made readily available.

A radiation safety management organogram (or similar) is a useful aid during the inspection visit to explain the various roles, responsibilities and reporting chains. See Figure 1 below for an example organogram showing the structure and reporting chains for radiation protection.
When the Inspector Calls

Guidance Note 3

Figure 1: Example organogram showing the structure and reporting chains for radiation protection.

All other RSA93 related documents, such as the MRC Establishment’s Best Practical Means (BPM) Review, facility design, staff training, risk assessment, radioactive material ordering, control and use, waste control, contamination and monitoring, and decommissioning should also be reviewed and revised as necessary and be made readily available should the Inspector wish to see them.

Ideally, MRC Establishments should have a RSA93 Compliance document. This document covers the management systems, organisational structure and resources which the MRC Establishment has in place to achieve compliance with RSA93. Some of the suggested sections include:

- User details;
- Appointed RPAs;
- Management structure;
- Purpose and justification of the use of radioactive material;
- Written operating procedures;
- Laboratory design;
- Source accountancy;
- Security of sources and waste;
- Production and minimisation of waste;
- Closed source disposal.

The compliance document should be reviewed, updated as required and be made readily available.
Local Rules, Contingency Plans and Risk Assessments

Local Rules, contingency plans and risk assessments (RAs) should already be in place for use of radioactive materials. These should be reviewed, updated as required and be made readily available.

It is likely that the Inspector will be interested in how and where any radioactive waste is stored, how the various wastes (solid, liquid, organic, gaseous) are separated, how it is transported on site and how it is disposed of.

Records (Required Under RSA93)

It is likely that the Inspector will want to view the various records that are required to be kept under RSA93 Certificate Conditions. These records are specified in the Conditions of Registration and Authorisation and include source accountancy records, source disposal records, waste disposal records, transport records, and training records. Demonstrable evidence of ‘cradle to grave’ of radioactive materials is of importance to the Agency.

Letters of RPS, RPA, competent person and qualified expert appointments should be reviewed, updated as required and be made readily available.

Setting the Agenda

An agenda for the inspection should be drafted and circulated amongst the parties involved for comment. Once an agenda has been agreed upon, a copy should be sent to the Agency Inspector together with an invitation to provide feedback and comment on the agenda.

An example agenda follows with suggested roles indicated in brackets and a brief description underneath:

- Introductions (Senior Management Representative)
  - All parties should be formally introduced with their roles with respect to RSA93 compliance and radiation protection explained. A brief history of the MRC Establishment should be given with an overview of the type of work being undertaken.

- Overview of the MRC Establishment’s work with radioactive materials (Senior Management Representative)
  - Briefly describe what type of radioactive material is used (open, closed, radioisotopes, etc.) and how it is used (research, tissue cultures, sterilisation irradiations, etc.).

- Other issues (roles as appropriate)
  - For example: HASS, new applications, amendments to current certificates, etc.

- Tour of facilities (role – it is important that the person giving the tour knows and understands what goes on in those facilities)
  - Take the Agency Inspector on a guided tour of the facilities (or a selection depending on the number of the facilities).

Pre-inspection by the MRC Establishment’s Health & Safety Team

A pre-inspection by the Health & Safety team is crucial as it may identify issues which need addressing and may cause problems if found by the Agency Inspector. The pre-inspection
should be undertaken at the earliest opportunity before the inspection to allow time for the rectification of any issues requiring attention.

The Health & Safety team should comprise of the Head of Health & Safety, the RPSs, the competent person (if different to the RPS), the RPA and the qualified expert (if different to the RPA). For MRC Establishments with multiple RPSs, then the Senior RPS or selected RPS representatives should be involved.

The pre-inspection should be a mock Agency inspection, going through each Certificate of Registration and Authorisation condition. In addition to this:

- Records should be inspected to ensure they are complete, true and accurate and up to date.
- The radiation facilities should be inspected to ensure that signs (for example laboratory designation signs and storage signs) are in place and that they are suitable.
- Inventories of sources (for example stock solutions) should be checked and verified that they are true and accurate.
- Sinks and drain pipes used for the disposal of liquid radioactive waste should be suitably labelled.
- Waste storage bins should be suitably labelled with accumulation records, which are a true and accurate list of their contents, attached.

Suggested pre-inspection checklists for the various types of RSA93 Certificates can be found in Appendices 1 to 5.

- Appendix 1 – Closed sources
- Appendix 2 – Open sources
- Appendix 3 – Authorisation for accumulation and disposal of waste
- Appendix 4 – HASS sources

The aim of the checklists is to provide a way to audit your own facilities, in a way in which an Agency Inspector might, and they should help highlight issues which may need attention. From the pre-inspection audit a list of actions can be created for implementation prior to the actual Agency inspection. The content of the checklist should be compared with your Certificates of Registration and Authorisation conditions before use as there may be subtle changes between Certificate conditions across MRC Establishments.

**Site Awareness and Readiness for Inspection**

Management and users of the radiation facilities should be notified that an Agency inspection is to take place and when. Facility users should be encouraged to ensure that their general housekeeping is clean and tidy and that the correct use of personal protective equipment (PPE) is followed to show that people are adhering to the Local Rules and good laboratory practice.

First impressions are important. Book a suitable meeting room and arrange for some refreshments (tea, coffee, water) to be provided for the meeting.

On the day of the Agency inspection (prior to the arrival of the Inspector) perform a quick walk around of the radiation facilities to make sure that there are no ‘show stoppers’ (i.e. stock solutions are put away, lockable fridge/freezers are locked, etc.).
How to Host

Advise Security and/or Reception of the name and details of the Agency Inspector. Upon arrival of the Inspector, ensure that site procedures are followed with respect to signing in and on-site accompaniment of visitors. Go through the site rules with the Inspector, explaining the fire alarms and emergency egress arrangements (i.e. local health & safety arrangements).

Ensure that the attendees (the Health & Safety team and a Senior Management representative) are present for the meeting and suitably introduced to the Inspector. The Health & Safety team should comprise of the Head of Health & Safety, the RPSs, the competent person (if different to the RPS), the RPA and the qualified expert (if different to the RPA).

Managing the Inspection

To help ensure a smooth and trouble-free inspection make sure that all the relevant records are readily available.

Usually the Inspector will bring with them copies of the MRC Establishment’s RSA93 Certificates. If previous Agency inspections have been carried out at the MRC Establishment the Inspector may also have any notes or letters from such inspections. The Agency use the Radioactive Substances Act Guidance (RASAG)\textsuperscript{14, 15, 16} to assist in their inspections of RSA93 compliance and to also help them in deciding whether or not users are meeting best practice in relation to work with radioactive materials. These guidance documents provide guidance for their own inspectors with respect to a variety of issues such as the period of retention of records, acceptable laboratory surfaces, etc.

Minutes of the meeting and inspection should be taken to document the proceedings and record any feedback given by the Inspector.

Ensure that any questions posed by the Inspector are answered honestly but to the point and succinctly. Try not to get side tracked in your answers and keep to the topic. Do not divulge anecdotal stories of previously undertaken radiological work that could perhaps be perceived as being non-compliant.

Together with the other attendees, take the Inspector on a guided tour of the radiation facilities. If you have many radiation facilities on site, show the Inspector a select few which are representative of the whole. You should bear in mind that the Inspector must not be made to feel he/she is being led around by the nose. Which locations are viewed and in what order, are the Inspector's choice. You should aim to offer options for facility inspection rather than specifying what you want. It is easy to overstep the line from being helpful to overbearing. Ensure that all persons comply with laboratory rules with regards to the Local Rules and the use of PPE and that sufficient and suitable PPE is available.

Inspectors do not usually provide an inspection report unless issues are identified and require attention. However, the Inspector should be asked for a letter following the inspection confirming that the MRC Establishment is in a satisfactory state of RSA93 compliance at the time of inspection (should this be the case).

Possible Actions by the Agency

On discovering a breach of a RSA93 Certificate condition (or any other relevant environmental legislation), the Inspector will decide what action to take. The action will depend on the nature and magnitude of the breach. The Inspector should provide the MRC Establishment with information about any action taken or which is needed about matters affecting their health, security and the environment.
There are four categories of breaches under the Compliance Classification Scheme (Section 1, Guidance for the Enforcement and Prosecution Policy) and are used to guide the normal enforcement response as follows:

- Category 1 non-compliance – prosecution;
- Category 2 non-compliance – prosecution of formal caution;
- Category 3 or 4 non-compliance – warning (unless other factors make a firmer response necessary).

Where the breach is relatively minor, the Inspector may tell the MRC Establishment what to do to comply with the law and explain why. The Inspector will, if asked, write to confirm any advice and to distinguish legal requirements from best practice advice.

Where the Inspector is of the opinion that the MRC Establishment is failing to comply with any limitation or condition subject to which the RSA93 Registration or Authorisation has effect or is likely to fail to comply, the Inspector may service an enforcement notice on the MRC Establishment. The Inspector will discuss the notice and the notice will state what needs to be done, why, and by when. The Inspector can take further legal action if the notice is not complied with within the specified time period.

Where an activity involves, or will involve, an imminent risk of pollution of the environment or of harm to human health, the Inspector may serve a prohibition notice prohibiting the activity immediately or after a specified time period, and not allowing it to be resumed until remedial action has been taken. The notice will explain why the action is necessary. A prohibition notice may be served whether or not the manner of carrying on the activity in question complies with any limitations or conditions to which the Registration or Authorisation in question is subject.

Criminal proceedings will be taken against those persons responsible for the offence, as stated in the Environment Agency Enforcement and Prosecution Policy. Where a Company is involved, it will be usual practice to prosecute the Company where the offence resulted from the Company’s activities. The Agency will make full use of the powers of the Magistrates’ Court, or the Crown Court, and will always seek to recover the costs of the investigation and Court proceedings.

**Following Actions by MRC Establishment**

It should be obvious if the inspection went well. A debriefing meeting for the parties involved should be held shortly after the Agency inspection to review the outcomes and comments made by the Inspector.

It should also be obvious if the inspection highlighted areas which were found to be either lacking or non-compliant. An action plan should be generated identifying areas requiring improvement and timescales set by which to complete the actions.

A follow-up inspection may be made by the Agency Inspector, if serious issues are identified, to ensure that the changes are implemented.

Regardless of how the inspection went it is important to provide feedback to the MRC Establishment’s team and the users.
Involvement of Corporate Sections

When to notify Head Office or your Regional Safety Coordinator

You should notify your RSC as soon as practicable of a visit by the EA. If the visit is to investigate an accident or incident, the RSC will inform the Head of MRC Health Safety and Security of the visit.

When the Regional Co-ordinator or Head of Section needs to attend

It may not be necessary for corporate Health and Safety personnel to attend on all visits. The decision can often be made during the notification process (previous paragraph). If however the visit is the result of an accident or incident, the Head of section must be informed as soon as possible and a decision on attendance will be made on a case by case basis.

If the visit is to investigate an accident or incident, it is likely that the RSC will attend.

Sending reports

The corporate section at Head Office and your RSC should each receive a copy of all visit reports, including any covering letters.
References

4. International Basic Safety Standards for Protection Against Ionizing Radiation and for the Safety of Radiation Sources, Safety Series No. 115, ISSN 0074-1892.
# Appendix 1 – Pre-inspection Checklist (Closed Sources)

## Pre-inspection Checklist - Conditions for Closed Sources

<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory? (Y/N)</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purposes for which registered materials are kept or used</td>
<td>Can you demonstrate/prove that the closed sources are being used as per paragraph 2 of Schedule 2 of your Certificate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum numbers and activities of sources</td>
<td>Can you demonstrate that you do not exceed the maximum number and activity for each radionuclide specified in your Certificate? Can you show what measures are in place so you do not exceed the limits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision of registered sources</td>
<td>Who is the person who supervises the keeping and use of registered sources? Can you demonstrate their competence? Is the name of the suitably qualified and experienced person clearly displayed together with the copy of this Certificate of Registration on the premises?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marking of registered sources, articles and containers</td>
<td>Are all articles which contain a registered source legibly engraved, stamped or otherwise marked with an identification number or other distinguishing mark, the word ‘Radioactive’ and the ionising radiation symbol complying with BS 3510:1968 or ISO 361? Are the containers in which a registered source is kept or used legibly engraved, stamped or otherwise suitably marked with: - An identification number or other distinguishing mark; - The date of receipt of the source; - The name and activity of each radionuclide (excluding decay products) contained in the source on the day of receipt; and - The word ‘Radioactive’ and the ionising radiation symbol complying with BS 3510:1968 or ISO 361.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
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<td>---------------------</td>
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</tr>
<tr>
<td>Keeping and use of registered sources</td>
<td>Do you have a policy (or similar) which states that you will not lend or let on hire a registered source (except to a person who is suitably registered)? How do you ensure that registered sources are not modified or damaged? How do you prevent the loss of any registered source? How do you prevent access to registered source by unauthorised persons? How is each registered source kept? Is it under continuous surveillance? Is it in a suitable container in a suitable store? Are the container and store constructed, maintained and used to prevent the loss or unauthorised removal of the source? Are they made of non-combustible materials? Do they contain or are they located close to any corrosive, explosive or flammable material? Are the container and store clearly and legibly marked with the word ‘Radioactive’ and with the ionising radiation symbol complying with BS 3510:1968 or ISO 361 and any other information necessary for the identification of the registered materials present?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss or theft of registered source</td>
<td>Can you demonstrate what plans you have in place for dealing with a situation where you believe a registered source has been lost or stolen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakage of source or escape of radioactive substance</td>
<td>Can you demonstrate what plans you have in place for dealing with a situation where you believe a registered source has been damaged or that any radioactive substance is escaping or has escaped from a registered source?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change of name or cessation of use</td>
<td>Are the name and address details on the front of the Certificate correct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
</tbody>
</table>
| Records               | Are there up-to-date, clear and legible records for each registered material showing:  
|                       | • Radionuclide present, the date on which it was received and the activity on that date;  
|                       | • The identification number or distinguishing mark of the source and of any container in which it is kept or used;  
|                       | • Its location on the premises;  
|                       | • If removed from the premises, the date of removal, the activity on that date and the name and address of the person to whom it was transferred; and  
|                       | • Such other information as an authorised person may require.  
|                       | Are these records readily available for inspection?  
|                       | Can you demonstrate that you do not and have not exceeded maximum number and relevant activity as stated in your Certificate?  
|                       | Can the retention of records be demonstrated? |
| Exemption Orders      | Do you utilise an Exemption Order?  
|                       | Can you demonstrate compliance with the conditions of the Order? |

Notes taken during inspection:

_________________________________________________________________________
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_________________________________________________________________________

Signature: ________________________________
**Appendix 2 – Pre-inspection Checklist (Open Sources)**

**Pre-inspection Checklist - Conditions for Open Sources**

Date: ____________________  Name: __________________________

<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory? (Y/N)</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purposes for which registered materials are kept or used</td>
<td>Can you demonstrate/prove that the open sources are being used as per paragraph 2 of Schedule 2 of your Certificate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum activity of registered materials</td>
<td>Can you demonstrate that you do not exceed the relevant activity for each radionuclide specified in your Certificate? Can you show what measures are in place so you do not exceed the limits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision of registered materials</td>
<td>Who is the person who supervises the keeping and use of registered materials? Can you demonstrate their competence? Is the name of the suitably qualified and experienced person clearly displayed together with the copy of this Certificate of Registration on the premises?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeping and use of registered materials</td>
<td>Do you have a policy or similar which states that you will not lend or let on hire a registered material (except to a person who is suitably registered)? How do you prevent the loss of any registered material? How do you prevent access to registered materials by unauthorised persons? How is registered material kept? Is it under continuous surveillance? Is it in a suitable container in a suitable store? Is the container and store constructed, maintained and used to prevent the loss or unauthorised removal of registered sources? Are they made of non-combustible materials? Do they contain or are they located close to any corrosive, explosive or flammable material?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
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</tr>
<tr>
<td>Is the container and store clearly and legibly marked with the word ‘Radioactive’ and with the ionising radiation symbol complying with BS 3510:1968 or ISO 361 and any other information necessary for the identification of the registered materials present?</td>
<td>Can you demonstrate waste minimisation? Is there a policy? Are all relevant parts of the premises constructed, maintained and used in such a manner that they do not readily become contaminated and can be easily decontaminated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss or theft of registered materials</td>
<td>Can you demonstrate what plans you have in place for dealing with a situation where you believe a registered material has been lost or stolen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escape of registered materials</td>
<td>Can you demonstrate what plans you have in place for dealing with a situation where you believe a registered material is escaping or has escaped from any container or location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change of name or cessation of use</td>
<td>Are the name and address details on the front of the Certificate correct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records</td>
<td>Are there up-to-date, clear and legible records for each registered material showing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Radionuclide present, the date on which it was received and the activity on that date;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Its location on the premises;</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• If removed from premises, the date of removal, the activity on that date and the name and address of the person to whom it was transferred;</td>
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</tr>
<tr>
<td></td>
<td>• The activity present on the premises at the end of each calendar month; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Such other information as an authorised person may require.</td>
<td></td>
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</tbody>
</table>
## Certificate Condition

<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory? (Y/N)</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Are these records readily available for inspection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you demonstrate that you do not and have not exceeded maximum activity as stated in your Certificate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can the retention of records be demonstrated?</td>
<td></td>
<td></td>
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<tr>
<td>Exemption Orders</td>
<td>Do you utilise an Exemption Order?</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Can you demonstrate compliance with the conditions of the Order?</td>
<td></td>
<td></td>
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</tbody>
</table>

Notes taken during inspection:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ________________________________
Appendix 3 – Pre-inspection Checklist (Accumulation and Disposal of Radioactive Waste)

Pre-inspection Checklist - Conditions for Accumulation and Disposal of Radioactive Waste

<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory? (Y/N)</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>Can you demonstrate that there is a management system, organisational structure and resources in place which are sufficient to achieve compliance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you demonstrate you have appointed a suitable RPA or qualified expert?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do you have written operating procedures to present?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you demonstrate adequate supervision of the accumulation and disposal of radioactive waste? Is the name of the suitably qualified and experienced person clearly displayed together with the copy of this Certificate of Registration on the premises?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Disposal of radioactive waste | Can you show how you minimise the activity in all disposals of radioactive waste?                                                                                     |                     |                  |
|                               | How do you minimise the volume of waste?                                                                                                                           |                     |                  |
|                               | Can you demonstrate how you maintain in good repair the systems and equipment provided for the accumulation and disposal of radioactive waste?                          |                     |                  |
|                               | Can you show how and at what frequency you check the effectiveness of systems, equipment and procedures provided for the accumulation and disposal of radioactive waste? |                     |                  |
|                               | Can you demonstrate how you prevent the loss or escape of any accumulated radioactive waste, as well as access by unauthorised persons?                              |                     |                  |
|                               | Is the waste kept in a suitable container under continuous surveillance or in a suitable store?                                                                    |                     |                  |</p>
<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory? (Y/N)</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate Condition</td>
<td>Are they suitably constructed and maintained? Are the made of non-combustible materials? Is the radioactive waste located close to any corrosive, explosive or flammable material? Is the waste container and store clearly and legibly marked with the word ‘Radioactive’ and with the ionising radiation symbol complying with BS 3510:1968 or ISO 361 and any other information necessary for the identification of the waste present? Are all relevant parts of the premises constructed, maintained and used in such a manner that they do not readily become contaminated and can be easily decontaminated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of accumulated radioactive waste</td>
<td>Can you demonstrate what plans you have in place for dealing with a situation where you believe any accumulated radioactive waste has been lost or stolen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escape of accumulated radioactive waste</td>
<td>Can you demonstrate what plans you have in place for dealing with a situation where you believe any accumulated radioactive waste has escaped from any container or location?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change of name or cessation of accumulation and disposal</td>
<td>Are the name and address details on the front of the Certificate correct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records</td>
<td>Are the accumulation and disposal records true and accurate? Are they clear and legible? Can you demonstrate that you do not and have not exceeded maximum activity, volume and period of accumulation as stated in your Certificate? Can the retention of accumulation and disposal records be demonstrated? Can you show who the waste is transferred to? Are copies of the annual Pollution Inventory readily available?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Notes taken during inspection:

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Signature: ________________________________
## Appendix 4 – Pre-inspection Checklist (HASS Sources)

### Pre-inspection Checklist - Conditions for HASS Sources

<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory?</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management</strong></td>
<td><strong>Management Systems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you demonstrate that a management system, organisation structure and resources that are sufficient to achieve compliance with the registration are in place?</td>
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<tr>
<td></td>
<td>Are copies of documents referred to in the registration readily available to relevant staff?</td>
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<tr>
<td></td>
<td>Have all involved staff been provided with appropriate written operating instructions and can this be demonstrated?</td>
<td></td>
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</tr>
<tr>
<td><strong>Staff Competency &amp; Training</strong></td>
<td>Can the competency of the staff be demonstrated?</td>
<td></td>
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<tr>
<td></td>
<td>Is there evidence of suitable staff training with respect to HASS?</td>
<td></td>
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<tr>
<td></td>
<td>Who is the person who supervises the keeping and use of registered sources? Can you demonstrate their competence?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Is the name of the suitably qualified and experienced person clearly displayed together with the copy of this Certificate of Registration on the premises?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>Can you demonstrate how you maintain in good condition all equipment, including sources and source containers, used in the keeping and use of sealed sources?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can you demonstrate that suitable tests to check the integrity of each high-activity sealed source are undertaken and their frequency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Incident Prevention and Response</strong></td>
<td>Can you demonstrate what measures are in place to prevent unauthorised access, loss, theft and damage by fire, etc.? What fire prevention, detection and extinguishing measures are installed?</td>
<td></td>
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<tr>
<td></td>
<td>How is each sealed source kept? Is it under continuous surveillance? Is it in a suitable container in a suitable store?</td>
<td></td>
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<tr>
<td></td>
<td>Are the container and store constructed, maintained and used to prevent the loss or unauthorised removal of the source? Are they made of non-combustible materials? Do they contain or are they located close to any corrosive, explosive or flammable material?</td>
<td></td>
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<tr>
<td></td>
<td>Are the container and store clearly and legibly marked with the word 'Radioactive’ and with the ionising radiation symbol complying with BS 3510:1968 or ISO 361:1975 and any other information necessary for the identification of the registered materials present?</td>
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<tr>
<td></td>
<td>What contingency plans are in place for the loss or theft or unauthorised use of a high-activity sealed source? Where are they available?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>What contingency plans are in place for damaged sources to prevent any further escape of radioactive material, etc.? Where are they available?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Can you demonstrate compliance with the NSAC Requirements for the keeping and use of sealed sources?</td>
<td></td>
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<tr>
<td><strong>Disused Sources</strong></td>
<td>Can you demonstrate what adequate arrangements have been made for each high-activity sealed source when it becomes a disused source?</td>
<td></td>
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<tr>
<td></td>
<td>Can you demonstrate adequate provisions, by way of financial security or other means, have been made for when the sources become disused, including in the event of insolvency, etc.?</td>
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</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
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<td></td>
<td>What measures/policy is in place to demonstrate that no high-activity sealed source will be brought onto the premises with Agency approval?</td>
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<tr>
<td></td>
<td>Have the proposed arrangements and provision been submitted to the Agency?</td>
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<tr>
<td></td>
<td><strong>Transfer of Sources</strong></td>
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<tr>
<td></td>
<td>What policies/procedures are in place for the transfer of sources within the European Union?</td>
<td></td>
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<tr>
<td>Operations</td>
<td><strong>Use of Sources</strong></td>
<td></td>
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<tr>
<td></td>
<td>Can you demonstrate/prove that the closed sources are being used as per Schedule 1 of your Certificate?</td>
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<td></td>
<td>How do you ensure that registered sources are not modified?</td>
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<tr>
<td></td>
<td>Can you demonstrate that the design and construction of the high-activity sealed source prevents the leakage of any radioactive substance?</td>
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<tr>
<td></td>
<td>What procedures are in place for the lent or let on hire within the EU of the high-activity sealed sources?</td>
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<tr>
<td></td>
<td>Can you demonstrate source accountancy checks?</td>
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<tr>
<td></td>
<td><strong>Marking of Sources</strong></td>
<td></td>
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<tr>
<td></td>
<td>Can you demonstrate that articles which incorporate or consist of a sealed source manufactured after 31 December 2005 have a unique identification number given by the manufacturer or supplier?</td>
<td></td>
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<tr>
<td></td>
<td>Has it been legibly engraved, stamped or otherwise suitably marked with its identification number, the word ‘Radioactive’ and the ionising radiation symbol conforming with BS 3510:1968 or ISO 361:1975; and it is accompanied by written information indicating its identification number, how it is marked, details of its radioactive content, and, where appropriate, the identification number of the source container?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
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<tr>
<td></td>
<td>If any sealed source has not been given a unique identification number by the manufacturer or supplier, can you demonstrate that a unique identification number has been allocated to it; where reasonably practicable it has been legibly marked (with the information listed above) in such a way that it did not damage the source; and written information has been prepared? Can you demonstrate that any containers in which a sealed source is kept or used is legibly engrave, stamped or otherwise marked with: • An identification number or other distinguishing mark; • The source identification number; • The date of receipt of the source; • The name and activity of each radionuclide (excluding decay products) contained in the source on the day of receipt; and • The word ‘Radioactive’ and the ionising radiation symbol complying with BS 3510:1968 or ISO 361:1975. Can you demonstrate how the markings referred to above remain legible? Can you demonstrate that photographs have been taken of the sealed source, the source container, transport packaging and any associated equipment (as appropriate)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td>Can you demonstrate that only sealed sources containing the radionuclides specified in the Certificate of Registration, together with any associated decay products present, are kept or used on the premises? Can you demonstrate that the number of sealed sources kept or used on the premises does not exceed the relevant maximum number specified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Condition</td>
<td>Notes/Comments</td>
<td>Satisfactory? (Y/N)</td>
<td>Actions Required</td>
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<tr>
<td>Can you demonstrate that the activity of any sealed source does not exceed the relevant maximum activity specified? What policies or procedures are in place to ensure this?</td>
<td></td>
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</tr>
</tbody>
</table>

### Information

#### Records
- Are records legible?
- If amended, are the original and any subsequent amendments still legible or capable of retrieval?
- Have any records been destroyed? If so, can you demonstrate authorisation from the Agency in writing to do so?
- Can you demonstrate that records are made on the day of receipt or removal of each sealed source showing:
  - Radionuclide present, the date on which it was received and the activity on that date;
  - The identification number of the source and of any container in which it is kept or used;
  - Its location on the premises;
  - If removed from the premises, the date of removal, the activity on that date and the name and address of the person to whom it was transferred;
  - Such other information as the Agency may require; and
  - Information specified in the HASS Record Form (Form RSA10).

#### Notifications
- Can examples of notification to cease keeping or using sealed sources on the premises be demonstrated?
- Can other examples of notification to the Agency be demonstrated (e.g. change of registered name, death of a named User, etc.)?
<table>
<thead>
<tr>
<th>Certificate Condition</th>
<th>Notes/Comments</th>
<th>Satisfactory? (Y/N)</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the notification requirement incorporated into a policy or procedure?</td>
<td>Do the contingency plans include reference to the notification of the Agency (and Police as appropriate) of unauthorised use, damage, loss or theft of a sealed source or the escape of radioactive material from a sealed source?</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do the contingency plans include notifying the Agency and the Health &amp; Safety Executive if there is an unplanned exposure of a worker or member of the public resulting from an incident involving a high-activity sealed source?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do the contingency plans include informing the relevant Sewerage Undertaker and Water Supply Company if there are reasonable grounds for believing that contamination of a public sewer or watercourse has arisen from the escape of radioactive material from a sealed source that exceeds 4 TBq?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting</td>
<td>Do the procedures or policy document that the HASS Record Form (RSA10) shall be provided to the Agency at intervals of 12 months from the establishment of records; within 14 days of any of the specified information (other than in part 6 of the form) changing; and within 14 days of the activity of a high-activity sealed source falling below the relevant exemption level?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes taken during inspection:
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Signature: ________________________________