

# Radioisotope Questionnaire

Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Agent \_\_\_\_\_

Description of Vehicles to Be Covered

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

## GENERAL

1. Is the vehicle used in conjunction with a Nuclear facility? If so, insurer refer to N.I.A.C. Yes\_\_\_ No\_\_\_

2. a) How often it is necessary for the insured to use the automobile to carry isotopes: \_\_\_\_\_

b) Applicant is: Supplier\_\_\_ Contractor\_\_\_ Other\_\_\_

Brief description of operations:

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

c) Where are the automobiles operated while carrying such isotopes? \_\_\_\_\_

## DETAILS OF EACH RADIOACTIVE SOURCE CONVEYED BY AUTOMOBILES

1. Radioactivity – name and atomic weight of radioisotope(s): \_\_\_\_\_

2. Quantity of activity – Curies, Millicuries or Microcuries or Source: \_\_\_\_\_

### 3. Containers

a) The radiation source is in a fragile source which is either:

i. A preparation of power, liquid or gas in an easily damaged enclosed (sealed) container Yes\_\_\_ No\_\_\_

ii. A metallic source with brittle, easily crumbled surface covered with a thin easily damaged protective layer. Yes\_\_\_ No\_\_\_

iii. There is provision for automatic warning of damage to the container. Yes\_\_\_ No\_\_\_

b) The radiation source is in a stable unbreakable container which is either:

i. A solid container enclosed on all sides and made of metal (or equivalent) material which can only be opened intentionally. Yes\_\_\_ No\_\_\_

ii. Metal foil impregnated by a special process with radioactive substances. Yes\_\_\_ No\_\_\_

### 4. Packaging

Is the packaging adequate to prevent any loss in disposal of the radioactive contents and to retain the shielding efficiency under the following conditions:

a) Type A packaging under conditions normally incidental to transport and under conditions incidental to minor accidents. Yes\_\_\_ No\_\_\_

b) Type B packaging under conditions normally incidental to transport and for the maximum credible accident relevant to the mode of transport. Yes\_\_\_ No\_\_\_

If type B, by what competent authority was the package approved? \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date : \_\_\_\_\_