

# **RADIATION TECHNICAL NOTE**

| TOPIC NEW REQUIREMENT PROTECTION OFF                           | Reference<br>Number<br>2025/RTN/04         |                              |                      |              |
|--|--|------------------------------|----------------------|--------------|
| Approved by: Director of Compliance and International Division | Endorsed by:<br>Chief Executive<br>Officer | Issue date:<br>8 August 2025 | Expiry date:<br>None | Revision No: |

**Purpose:** This Radiation Technical Note **(RTN)** serves to update stakeholders involved with radiation-related matters under the purview of the Safety, Health and Environment National Authority (SHENA) with respect to compliance with the Radiation Protection Act, Chapter 228.

In an effort to enhance the regulatory framework governing radiation matters in Brunei Darussalam, SHENA is pleased to inform all Radiation Licensees and Radiation Protection Officers (RPOs) of the new requirements for the following applications:

### 1) Radiation Licence Applications

### (a) General Radiation Workers (GRW) Records

- GRW records are now incorporated into radiation licence applications (please refer to the checklist in <u>Appendix A</u>).
- GRWs will be registered with SHENA once only, with no expiration associated with their registration.
- Each GRW is required to:
  - i) undergo a medical fitness test at a minimum interval of every three (3) years.
  - ii) attend radiation-related training at least once every three (3) years, led by SHENA's Approved Training Providers (ATPs).

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### (b) Licensee Training Requirement

All Licensees are required to complete the Radiation Protection Act, Chapter 228
course provided by SHENA's ATP. A comprehensive list of ATP can be accessed
on the SHENA website at this link.

### (c) Processing Time

• The processing time for new licence applications has been reduced from ninety (90) working days to seventy (70) working days.

### (d) Radiation Worker Cards

The issuance of physical radiation worker cards will be phased out.

We wish to remind all Licensees that, in accordance with Section 10(2)(a), (b), and (e) of the Radiation Protection Act, Chapter 228, it is the obligation of each Licensee to safeguard employees from radiation exposure. This entails the provision of sufficient information, instruction, training, and supervision, as well as ensuring that employees undergo necessary medical examinations.

### 2) Registration of Radiation Protection Officer (RPO)

- (a) All RPOs are mandated to complete the Radiation Protection Act, Chapter 228 course provided by SHENA's Approved Training Provider (ATPs).
  - This requirement is applicable to both new applications and renewal.
  - A refresher course is required once the existing certificate has expired.
  - Continuing Professional Development (CPD) will be incorporated into the renewal registration requirements with SHENA, commencing with the next renewal cycle (please refer to <u>Appendix B</u>).
- (b) RPOs are also required to undergo a medical fitness test at least once every three (3) years.
- (c) All registered RPOs will be issued with a digital card.

The aforementioned new requirements for Licence Applications and the registration of Radiation Protection Officer (RPO) shall take effect from 1st September 2025.

SHENA kindly urges all radiation stakeholders to ensure that their agents are informed of these updated provisions.

Should there be any further clarifications on this matter, please email your enquiries to <a href="mailto:radapplication@shena.gov.bn">radapplication@shena.gov.bn</a> or contact the SHENA office general line at + 673 238 2000 / +673 272 2200 anytime during office hours.

**END** 

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# **APPENDIX A**



# **CHECKLIST FOR LICENCE APPLICATION**

|     |  |   |     | E INDICA |           |                              |
|-----|--|---|-----|----------|-----------|------------------------------|
| NO. | DOCUMENT   | DESCRIPTION   | NEW | RENEWAL  | AMENDMENT | FOR<br>OFFICE<br>USE<br>ONLY |
| 1.  | Form   | Complete licence application form   |     |          |           |                              |
| 2.  | Company registration certificate                               | Copy of a valid company registration certificate in Brunei Darussalam   |     |          |           |                              |
| 3.  | Radiation Protection<br>Officer                                | Completed Registration of Radiation Worker Application Form and its supporting documents  |     |          |           |                              |
| 4.  | Radiation Protection<br>Programme                              | Copy of Radiation Protection Programme (Refer here for more information)  |     |          |           |                              |
| 5.  | Security of Radioactive<br>Material Programme                  | Copy of the Security of Radioactive Material Programme (applicable for <b>radioactive materials Category 1 and 2 only</b> – refer <u>here</u> for more information) |     |          |           |                              |
| 6.  |  | A copy of quotation for purchase of<br>Personal Dosimeter for each radiation<br>worker (if applicable) *  |     |          |           |                              |
| 7.  | Quotation of Radiation<br>Surveillance Monitoring<br>Equipment | A copy of quotation for purchase of<br>Environmental Dosimeter for each<br>controlled area (if applicable) *  |     |          |           |                              |
| 8.  |  | A copy of quotation/catalogue of Survey<br>Meter (minimum 2 units to purchase)<br>(if applicable) *   |     |          |           |                              |
| 9.  | Records of Radiation   | Current radiation worker dose records (if applicable) *   |     |          |           |                              |
| 10. | Surveillance Monitoring Equipment                              | Current dose records of Area Monitoring (if applicable) *   |     |          |           |                              |
| 11. | Equipment  | Current Survey Meter Certificates (if applicable) *   |     |          |           |                              |
| 12. |  | Completed Registration of Radiation<br>Worker Application Form and its supporting<br>documents  |     |          |           |                              |
| 13. | General Radiation<br>Worker                                    | Latest Medical Certificates for<br>Registered GRW   |     |          |           |                              |
| 14. |  | Latest Radiation Training Certificates for Registered GRW   |     |          |           |                              |

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<sup>\*</sup> The radiation surveillance equipment shall depend on the categorisation of radioactive materials and/or controlled apparatus used and radiation activities undertaken by the licensees (refer to Radiation Protection Programme Guidelines).



Note:

Radiation Protection Officer: A technically competent person appointed by a licensee and approved by the Authority to supervise the application of radiation protection regulations, measures, and procedures.

General Radiation Workers (GRW): Any individual working under the instruction of the licensee, whether employed by the licensee, in the handling or use of, or in any activity that will bring him into contact with any radioactive material, nuclear material, radioactive substance or controlled apparatus.

# RADIATION LICENCE APPLICATION FORM

### Note:

Please complete the application form and submit together with all the relevant supporting documents listed in the checklist to SHENA. Incomplete submission will be automatically rejected.

| APPLICATION FOR     (Check appropriate box) | PURPOSE     (Check every appropriate box)  |
|---|--|
| ☐ New ☐ Renewal ☐ Amendment                 | ☐ Import / Export         ☐ Transport           ☐ Use         ☐ Services:           ☐ Manufacture         ☐ Others:           ☐ Sell         ☐ Others: |
| 3. TYPE OF ACTIVITY                         |  |
| ☐ Medical & Dental                          | Destructive Testing) e, Maintenance, Security, Analysis and Education  |

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| 4. DETAILS OF APPLICANT (Note: applicant will act as a licensee - the person responsible for the licence) |                   |                         |    |  |
|---|-------------------|-------------------------|----|--|
| Name  |                   | Date of Birth           |    |  |
| IC/Passport No.   |                   | IC Colour               |    |  |
| Position  |                   | Email Address           |    |  |
| Business Entity Name  |                   | Tel (Office)            |    |  |
| Business Entity<br>Address  |                   | Tel (Mobile)            |    |  |
|   |                   |                         |    |  |
| 5. DETAILS OF RA  | DIATION PROTECTIO | N OFFICER (RPO) APPOINT | ED |  |
| Name  |                   | Date of Birth           |    |  |
| IC/Passport No.   |                   | IC Colour               |    |  |
| Position  |                   | Email Address           |    |  |
| Home Address  |                   | Tel (Mobile)            |    |  |
|   |                   |                         |    |  |
| 6. AREA SURVEILL  | ANCE MONITORING   | (if applicable)         |    |  |
| Type of Survey meter  | ☐ Neutron         | Photon                  |    |  |
| Model   |                   |                         |    |  |
| Quantity (Minimum of 2 u  | nits)             |                         |    |  |
|   |                   |                         |    |  |

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| 7. PERSONAL SURVEILLANCE MONITORING (if applicable)   |
|---|
| <ul> <li>□ Optically Stimulated Luminescence Dosimeter (OSL)</li> <li>□ Radio-Photo Luminescence Dosimeter (RPL)</li> <li>□ Thermoluminescence Dosimeter (TLD)</li> <li>□ Active Dosimeter</li> </ul> |

| 8. PARTICULARS OF RADIOACTIVE MATERIAL FOR WHICH LICENCE IS SOUGHT (if applicable) |                    |              |   |                |     |          |
|--|--------------------|--------------|---|----------------|-----|----------|
| SOURCE   | TYPE OF<br>CAPSULE | MANUFACTURER | MAXIMUM<br>ACTIVITY TO<br>BE USED<br>(Bq or Ci) | PURPOSE OF USE | QTY | LOCATION |
|  |                    |              |   |                |     |          |
|  |                    |              |   |                |     |          |
|  |                    |              |   |                |     |          |
|  |                    |              |   |                |     |          |
|  |                    |              |   |                |     |          |
|  |                    |              |   |                |     |          |

|        | <ol> <li>PARTICULARS OF NUCLEAR MATERIAL FOR WHICH LICENCE IS SOUGHT<br/>(if applicable)</li> </ol> |              |                          |                |     |          |
|--------|---|--------------|--------------------------|----------------|-----|----------|
| SOURCE | TYPE OF CAPSULE   | MANUFACTURER | MODEL<br>(IF APPLICABLE) | PURPOSE OF USE | QTY | LOCATION |
|        |   |              |                          |                |     |          |
|        |   |              |                          |                |     |          |
|        |   |              |                          |                |     |          |
|        |   |              |                          |                |     |          |
|        |   |              |                          |                |     |          |
|        |   |              |                          |                |     |          |

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| 10. PARTICULARS OF CONTROLLED APPARATUS FOR WHICH LICENCE IS SOUGHT (if applicable) |       |              |                                  |                |     |          |
|---|-------|--------------|----------------------------------|----------------|-----|----------|
| TYPE  | MODEL | MANUFACTURER | MAXIMUM<br>TUBE<br>VOLTAGE (KeV) | PURPOSE OF USE | QTY | LOCATION |
|   |       |              |                                  |                |     |          |
|   |       |              |                                  |                |     |          |
|   |       |              |                                  |                |     |          |
|   |       |              |                                  |                |     |          |
|   |       |              |                                  |                |     |          |
|   |       |              |                                  |                |     |          |

| 11. LIST OF VESSELS (if applicable) |  |
|-------------------------------------|--|
| NAME OF VESSEL(S)                   |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |

| 12. LIST OF GENERAL RADIATION WORKERS(S) |                     |                    |  |   |
|--|---------------------|--------------------|--|---|
| NAME                                     | REGISTRATION<br>NO. | IC/PASSPORT<br>NO. | DATE OF LATEST<br>MEDICAL<br>CERTIFICATE | DATE OF LATEST<br>RADIATION<br>TRAINING |
|  |                     |                    |  |   |
|  |                     |                    |  |   |
|  |                     |                    |  |   |
|  |                     |                    |  |   |
|  |                     |                    |  |   |
|  |                     |                    |  |   |

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| 13. | DECLARATION   |   |
|-----|---|---|
|     | I, declare that all particulars and information provided in attached hereto are true to the best of my knowledge a Safety, Health and Environment National Authority (SHE application if, at any stage, the information provided is fabe required on any information provided in this application out the necessary investigations. | and belief, and I understand that the NA) reserves the right to reject this also and incorrect. Should verification |
|     | Name & Signature of Applicant   | Date & Business Entity Stamp  |

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# **APPENDIX B**

Continuing Professional Development (CPD) is a continuous process of lifelong learning and remains the responsibility of RPOs to enhance and continually improve their knowledge, awareness, practices, and skills related to radiation and nuclear safety and security to ensure that the appointed RPOs remain competent, qualified and able to perform their duties and responsibilities effectively. This will become part of the mandatory criteria for the renewal over each renewal registration cycle with SHENA.

### **Category 1: Continuing Education**

This category comprises structured learning activities that enhance theoretical knowledge, regulatory awareness, and technical competencies in radiation protection. Qualifying activities may include participation in:

- Congress, Conference, seminar, or symposium;
- Training course;
- Webinars and e-learning module;
- Workshop; and / or
- Forum

### Category 2: Practical Experience and Skills Development

This category encompasses on-the-job learning, application of technical knowledge, and practical experience gained through the performance of an RPO's duties and responsibilities. Examples are, but not limited to, as follows:

| CATEGORIES                        | RESPONSIBILITIES  |  |  |  |
|-----------------------------------|---|--|--|--|
| Regulatory Compliance & Licensing | <ul> <li>Liaise with SHENA on licensing matters</li> <li>Implement licence conditions</li> <li>Ensure all radiation workers are registered under SHENA</li> </ul>     |  |  |  |
| Training & Competency             | <ul> <li>Develop and implement training schedules</li> <li>Organize induction/ training for radiation workers</li> <li>Conduct competency assessments</li> </ul>      |  |  |  |
| Radiation Programme Development   | Develop, review and improve Radiation Protection<br>Programme (RPP) and Security of Radioactive Material<br>Programme (SRMP)  |  |  |  |
| Operational Supervision           | <ul> <li>Supervise radiation activities</li> <li>Conduct risk assessments</li> <li>Monitor radiation-designated areas</li> <li>Conduct inspections/ audits</li> </ul> |  |  |  |
| Emergency Preparedness & Drills   | <ul> <li>Plan and conduct emergency drills</li> <li>Respond to incidents</li> <li>Investigate accidents/incidents</li> </ul>  |  |  |  |

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| Monitoring & Calibration       | Ensure radiation detectors are calibrated Ensure personal dosimeters are provided to radiation workers Ensure area monitoring is conducted |  |  |  |  |
|--------------------------------|--|--|--|--|--|
| Record Keeping & Documentation | Maintain essential records: dose reports, calibration,<br>maintenance, entry/exit logs, import/export, training,<br>inspection             |  |  |  |  |
| Inventory & Material Tracking  | <ul> <li>Manage inventory and track movement of radioactive materials</li> <li>Ensure safe and secure storage and transport</li> </ul>     |  |  |  |  |

Evidence of CPD must be recorded and supported by documents such as certificates, evidence of attendance or other means of reasonable verification.

In summary, the minimum number of hours to be completed within each renewal cycle are as follows:

| NO. | CATEGORY                                    | MINIMUM NO. OF HOURS |  |
|-----|---|----------------------|--|
| 1   | CONTINUING EDUCATION                        | 15 HOURS             |  |
| 2   | PRACTICAL EXPERIENCE AND SKILLS DEVELOPMENT | 30 HOURS             |  |

The log record of the CPD must be submitted together with the application form and its supporting documents during the renewal application to SHENA (refer to <u>Appendix C</u> for the template).

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# **APPENDIX C**



# CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR RADIATION PROTECTION OFFICER

# **ACTIVITY TRACKER**

| AGIIVIII IMAGKEK   |  |          |   |                           |  |  |  |
|--|--|----------|---|---------------------------|--|--|--|
| Name of Radiation<br>Protection Officer  |  |          |   |                           |  |  |  |
| Registration No.   |  |          |   |                           |  |  |  |
| Expiry Date of Registration  |  |          |   |                           |  |  |  |
| Organization   |  |          |   |                           |  |  |  |
| Start Date   |  | End Date |   |                           |  |  |  |
|  |  |          |   |                           |  |  |  |
| CATEGORY 1: CONTINUING EDUCATION RECORD  |  |          |   |                           |  |  |  |
| Date   |  |          |   |                           |  |  |  |
| No. of Hours(s)  |  |          |   |                           |  |  |  |
| Course Title   |  |          |   |                           |  |  |  |
| Training Provider Name   |  |          |   |                           |  |  |  |
| Instructor Name  |  |          |   |                           |  |  |  |
| Instructor Signature   |  |          | Training<br>Provider/<br>Organiser<br>Stamp |                           |  |  |  |
| Note: Each Continuing Education activity must be completed in a separate attachment. Ensure all fields are completed and supporting evidence is submitted. |  |          |   |                           |  |  |  |
| Total No. of Hours<br>(Category 1)   |  |          |   |                           |  |  |  |
|  |  |          |   |                           |  |  |  |
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# CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR RADIATION PROTECTION OFFICER

| CATEGORY 2: PRACTICAL EXPERIENCE AND SKILLS DEVELOPMENT |      |          |                   |  |  |  |  |
|---|------|----------|-------------------|--|--|--|--|
| NO.   | DATE | ACTIVITY | NO. OF<br>HOUR(S) |  |  |  |  |
| 1.  |      |          |                   |  |  |  |  |
| 2.  |      |          |                   |  |  |  |  |
| 3.  |      |          |                   |  |  |  |  |
| 4.  |      |          |                   |  |  |  |  |
| 5.  |      |          |                   |  |  |  |  |
| 6.  |      |          |                   |  |  |  |  |
| 7.  |      |          |                   |  |  |  |  |
| 8.  |      |          |                   |  |  |  |  |
| 9.  |      |          |                   |  |  |  |  |
| 10.   |      |          |                   |  |  |  |  |

Note: If more than 10 activities are to be recorded in this category, please attach a separate document. Ensure all fields are completed with accurate dates and the total number of hours.

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# CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR RADIATION PROTECTION OFFICER

**DECLARATION** 

# □ I hereby declare that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any false, misleading, or omitted information may result in the rejection of my application or revocation of my registration status. Radiation Protection Officer Signature VERIFICATION □ I hereby verify that, to the best of my knowledge, the information provided above by the Radiation Protection Officer is accurate and reflects their duties and responsibilities as required. Radiation Licensee Name Stamp Date

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