

Application form to apply for Agency consent for use of a **interruptionplace** for the transport of Class 7 dangerous goods

Additional information to complete the form.

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

a: Mandatory fields.

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

c: Should only be completed by:

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

**SECTION I: GENERAL INFORMATION**

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

1. **IDENTIFICATION OF THE COMPANY SEEKING TO ORGANISE AN INTERRUPTIONPLACE (ORGANISER/APPLICANT)**
2. **Head office**

|  |  |
| --- | --- |
| Namea: |       |
| Company numberab: |       |
| Addressac: |       |
|  |       |
| Phone (general)a: |       |
| E-mail (general)a: |       |
| Website: |       |
|  |
| Legal representative: | Namea: |       |
|   | Functiona: |       |
|   | Phonea: |       |
|   | Mobile: |       |
|   | E-maila: |       |

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

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

1. **LOCATION OF THE INTERRUPTIONPLACE**

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

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

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

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

1. **Description of the type of transports to be interrupted at the interruptionPLACE**

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

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

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

**[ ]  Attachment 1:** Additional information on the nature of transports to be interrupted at the interruptionplace.

1. **Description of how requirements are satisfied for an interruptionPLACE**
2. Interruptions should be as brief as possible

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

1. Enclosed terrain

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

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

**[ ]  Attachment 2:** Plan of the interruptionplace, clearly showing the provided places for the vehicles.

**[ ]  Attachment 3:** Plan of the building, clearly showing the provided places for the vehicles.

1. Detaching road vehicles

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

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

**[ ]  Attachment 4:** Plan of the interruptionplace, clearly showing the provided places for the vehicles, tractors and trailers.

**[ ]  Attachment 5:** Descriptions of the vehicle anti-theft system and the building alarm system.

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

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

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

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

**[ ]  Attachment 6:** Descriptions of the detection and the automatic fire extinguishing system.

1. Staff present in case of an the event

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

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

**[ ]  Attachment 7:** Description of how it is guaranteed that the necessary staff will be available in time.

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

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

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

1. Inventory

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

1. Emergency procedure

**[ ]** The applicant hereby declares that emergency procedures will be provided and available to the necessary staff.

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

**[ ]  Attachment 8:** Emergency procedures relating to the interruption of transports.

1. Physical protection measures

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

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

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

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

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

**[ ]  Attachment 9:** Security plan for interruption of transport of Class 7 high consequence dangerous goods.

1. Workplace analysis

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

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

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

1. Risk analysis

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

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

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

1. Consent of recognised health physics expert(s)

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

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

**[ ]  Attachment 10:** Written consent forms from the recognised health physics experts of each carrier (these consent forms may be sent at a later date).

1. Notification

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

**SECTION II: ATTACHMENTS**

**THE FOLLOWING DOCUMENTS SHALL FORM PART OF THE CONSENT REQUEST:**

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

1. **General:**

[ ]  **Attachment 1:** Additional information on the nature of transport to be interrupted at the interruptionplace**.**

[ ]  **Attachment 2:** Plan of the interruptionplace, clearly showing the provided places for the vehicles.

[ ]  **Attachment 3:** Plan of the building, clearly showing the provided places for the vehicles.

[ ]  **Attachment 4:** Plan of the interruptionplace, clearly showing the provide places for the vehicles, tractors and trailers.

[ ]  **Attachment 5:** Descriptions of the vehicle anti-theft system and the building alarm system.

[ ]  **Attachment 6:** Descriptions of the detection and the automatic fire extinguishing system.

[ ]  **Attachment 7:** Description of how it is guaranteed that the necessary staff will be available in time.

[ ]  **Attachment 8:** Emergency procedures relating to the interruption of transports of Class 7 dangerous goods.

[ ]  **Attachment 9:** Security plan for interruption of transport of Class 7 high consequence dangerous goods.

[ ]  **Attachment 10:** Consent forms from recognised health physics experts.

1. **Additional documents:**

[ ]  **Attachment 11:**

[ ]  **Attachment 12:**

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

**SECTION III: SIGNATURES**

1. **LEGAL REPRESENTATIVE OR PERSON RESPONSIBLE FOR THE INTERRUPTIONPLACE**

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

1. **RECOGNISED HEALTH PHYSICS EXPERT (if applicable)**

|  |  |
| --- | --- |
| The recognised health physics expert hereby declares that he/she has checked the request form to ensure that it is accurate and complete.  | Name, date and signature, preceded by the handwritten statement “Read and approved”………………………………………………………………….**Date:****Name:****Signature:** |

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

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