


NF200A	<p>Notification Form</p> <p>Declaration of Undertaking</p> <p>To be completed where Scenario 3 in the Regulatory Notice¹ is applicable and in conjunction with guidance published at www.higa.ie</p>	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Definition of an undertaking

An “undertaking” means a person or body who, in the course of a trade, business or other undertaking (other than as an employee), carries out, or engages others to carry out, a medical radiological procedure or the practical aspects of a medical radiological procedure.²

Section A. Undertaking information

A1. Undertaking details		For official use
Undertaking name		
Undertaking address	Address line 1	
	Address line 2	
	County	
	Eircode	
Undertaking email address		
Undertaking contact number		
Number of medical radiological installations ³ under the undertaking’s remit		

¹ The document “Regulatory Notice Clarification of the definition of an undertaking in the medical exposure to ionising radiation regulations” is available online at www.higa.ie . See also Notes at the end of this Notification Form.

² European Union (Basic Safety Standards For Protection Against Dangers Arising From Medical Exposure To Ionising Radiation) Regulations 2019.

³ **This does not refer to individual items of equipment but the facility location.** Medical radiological installation means a facility where medical radiological procedures are performed.

A2. Undertaking representative details						For official use
No.	Undertaking representative name	Undertaking representative type	Undertaking representative job title	Undertaking representative email address	Undertaking representative contact number	
1.						

A3. Information per medical radiological installation – Undertaking service type								For official use
No.	Medical radiological installation name (service location)	Medical radiological installation address (include Eircode)	Medical radiological installation service type					
			Dental	General Radiography	Radiotherapy	Nuclear Medicine	Interventional radiology/ cardiology	
1.								
2.								
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A4. Information per medical radiological installation – Designated manager(s)⁴							For official use
No.	Medical radiological installation name (service location)	Medical radiological installation address (include Eircode)	Designated manager name	Designated manager job title	Designated manager email address	Designated manager contact number	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
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⁴ The Designated Manager must be engaged in and responsible for the day-to-day management of the medical radiological installation and must have the full support of the undertaking to ensure a safe and quality service is being delivered in the medical radiological installation. The named Designated Manager can be responsible for more than one medical radiological installation or service.

A5. Information per medical radiological installation – List of all persons for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

For official use

Please complete the medical radiological installation name and the names of **all persons** for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

1.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

2.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

A5. Information per medical radiological installation – List of all persons for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

For official use

Please complete the medical radiological installation name and the names of **all persons** for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

3.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

4.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

A5. Information per medical radiological installation – List of all persons for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

**For
official
use**

Please complete the medical radiological installation name and the names of **all persons** for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

5.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

6.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

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For official use

Please complete the medical radiological installation name and the names of **all persons** for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

7.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

8.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

A5. Information per medical radiological installation – List of all persons for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

For official use

Please complete the medical radiological installation name and the names of **all persons** for whom the undertaking takes responsibility for regulatory compliance as described in scenario 3 in the Regulatory Notice.

9.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

10.										
Medical radiological installation name (service location)										
No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	No.	Practitioner Name	
1.		7.		13.		19.		25.		
2.		8.		14.		20.		26.		
3.		9.		15.		21.		27.		
4.		10.		16.		22.		28.		
5.		11.		17.		23.		29.		
6.		12.		18.		24.		30.		

Section B. Undertaking business type information

B1. Undertaking business type				For official use
Undertaking business type	Partnership		Proceed to Section B2	
	Unincorporated body		Proceed to Section B3	
	Sole trader		Proceed to Section C	
	Company		Proceed to Section C	
	Body corporate		Proceed to Section C	
Company Registration Office number (if applicable)				

B2. Partnership details				For official use
If you have selected partnership as the undertaking business type, please state the names of all partners in the partnership.				
No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		

B3. Unincorporated body detailsFor
official
use

If you have selected unincorporated body as the undertaking business type, please state the **name of each member of the unincorporated body**.

No.	Name	No.	Name	
1.		11.		
2.		12.		
3.		13.		
4.		14.		
5.		15.		
6.		16.		
7.		17.		
8.		18.		
9.		19.		
10.		20.		

Section C. Declaration of undertaking

C1. Declaration

For
official
use

I, the undersigned, declare **as the undertaking/on behalf of the undertaking** that the information I have provided in this notification form is true to the best of my knowledge and belief.

I confirm I have read and understand the Regulatory Notice and guidance and have completed this notification form on the basis that medical radiological procedures are carried out onsite by the listed persons who use all or any of the undertaking's staff, equipment or facilities and robust governance arrangements are in place between the undertaking and the listed persons to include compliance with the Regulations.

I confirm all listed persons in this notification form have been informed and are fully aware that the undertaking accepts legal responsibility for compliance with the Regulations.

Signed by (tick as appropriate)	Sole trader		
	Partner of the partnership		
	Director of the company		
	Member of the committee of management or other controlling authority of an unincorporated body		
	Member of the board, directorate or other governance structure of the body corporate		
Name			
Job title			
Signature			
	Type your name in the signature field		
Date			

- **Email** form to: radiationprotection@hiqa.ie
- **Telephone:** 01 8286750

Notes

Scenario 3

A healthcare provider who allows persons who are neither employed nor engaged by the healthcare provider, to carry out medical radiological procedures on patients and /or allows persons to engage others to carry out medical radiological procedures on patients is the undertaking if:

- these persons use all or any of the healthcare provider's staff, equipment or facilities, **and**
- robust governance arrangements are in place to include compliance with the Regulations

In making this declaration, the healthcare provider accepts legal responsibility for compliance with the Regulations. In this situation, the undertaking must inform all listed persons within the declaration, who may otherwise have declared as an undertaking under point 1 in the regulatory notice.