FORM 2

Regulations 12 (2), 16 (1)

Application Form to Possess and Use a Medical Source(s) of Non- Ionising Radiation

TYPE OF AUTHORIZATION ***(please tick)***

☐ New Application

☐ Renewal of authorisation number: _____

File No. _____

GENERAL INFORMATION

1. Name and address of applicant:

Name of Applicant	**Mailing address**	**Address of use (if different)**
E-mail of Applicant		
Phone Contact (Including Mobile No.)		

2. Name and information about expertise:

A. Expertise: Radiation Safety Officer B. **Qualified Expert:**

_____

Name: _____ Name: _____

Qualification: _____ Qualification: _____

Experience:_____ Experience:_____

Telephone No:_____ Telephone No: _____

Email:_____ Email::_____

3. The representative of the applicant:

Name:_____

Telephone: _____

Title:_____

E-mail address: _____

4. Date of installation (or date installed) and /or commissioning of facilities and equipment; _____

_____

PART I—MEDICAL EQUIPMENT

5. Details of radiation generator

#	Equipment Name	Field Strength (Tesla)	Field of View (FOV)	Freq. Range (MHz)	Clinical Application	Power requirement
1.						
2.						
3.						
4.						
5.						

6. Device Standards

a) *Tick where appropriate*

ISO ☐

IEC ☐

b) Please provide the details of the standards.

_____

_____

7. Type of installation ☐ fixed ☐ mobile

8. Please provide details of the service provider for regular servicing and maintenance

Name:_____

Experience:_____

Phone contact:_____

Email:_____

9. Location of the device

Provide the details of a location in which the device will be used

i. Name of unit/department_____ Building No._____ Room No. _____ Plot No. _____

ii. Town/street/ward_____

iii. Vehicle No. _____

iv. District _____

PART II—RADIATION AND SAFETY PROGRAMME

10. Please attach the following

(a) Documented responsibilities of different categories of workers in the department including the RSO.

(b) Departmental communication/administration flow chart.

(c) List and quantities of Personal Protective Equipment (PPE).

(d) List of all workers in the department including their roles, highest qualifications, emails and phone contacts.

(e) Qualification documents for secondary and post-secondary education.

(f) Quality control program for the equipment.

12. Security and safety of radiation sources

(a) Please provide details on the onsite measures—

(i) For preventing unauthorized access to the imaging room.

(ii) For ensuring that the equipment is used for the intended purpose.

13. Occupational and public exposure control

(a) Describe the measures to be implemented for the control of—

(i) Occupational exposures of workers

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(ii) Members of the public.

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14. Medical exposure control

Describe your program for ensuring the radiation protection of patients and/or comforters during medical exposure with reference to the patient flow in your department

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PART VI—DECLARATION

I, ... *(name of legal person)* Certify that all the information given herein is true and correct to the best of my knowledge.

Date: ..... Signature of applicant: .....

FOR OFFICIAL USE ONLY

Registration No.			
	BY	**Date**	**Signature**
Received			
Evaluated			
General Remarks and/or comments			