**GUIDE FOR OPERATORS ON HOW TO FILL A NOTIFICATION FORM**

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| **S/N** | **STATEMENT** | **GUIDE** |
| 1. | Name & Address of applicant | Name of the facility e.g. Bambi Medical Centre  Address of the facility e.g.  Plot No: 13/14 Gayaza Road  P.O Box 7613, Kampala  Telephone No.+256 712 942 817  Email Address: [gjashic@gmail.com](mailto:gjashic@gmail.com)  ***Attach certificate of registration if applicable*** |
| 2. | Location of facility | Name of the premises where the radioactive source/ radiation generating equipment will be used, stored, manufactured etc.  e.g. Name of the department/ Unit: Radiology Department  Building/ Room Number: Room 4  Street/Road: Gayaza road  Town: Kampala  District: Kampala  Region: Central Region |
| 3. | List of names & qualification of individual users/ operators | State the   1. Names of radiation workers/operator/user of the radiation generating equipment or radioactive source.   e.g. Nabada Alice Jane   1. Qualifications related to the practice of each stated in (i)   e.g. Diploma in Medical Radiography  iii. Title e.g. Radiographer  ***Attach qualifications of all radiation workers*** |
| 4. | If the practice involves radioactive sources | Particulars of the radioactive sources i.e.   1. Name of source (s) e.g. Am/Be-241, Co-60, Cs 137 etc. 2. Element Mass number e.g. 60 for cobalt, 137 for Cesium etc. 3. Physical/Chemical state e.g. solid, liquid etc. 4. Number of sources e.g. 2, 3, 5 etc. 5. Activity (curies/Bq) e.g. 2Ci, 20kBq 6. Model Number (refer to source certificate) e.g. AE3 088 7. Name of manufacturer/supplier (name, address, location, telephone number etc.) – refer to source certificate or supplier agreement   e.g. General Electronics   1. P.O Box 281716, Indiana Street   India  ***Attach source certificate*** |
| 5. | If practice involves radiating equipment  Give the details | 1. Equipment name: e.g. Mobile X-ray, CT, Dental X-ray etc. 2. Manufacturer: Name of the manufacturer of that equipment e.g. Phillips, Siemens etc. 3. Model: Tube Model Number of that equipment e.g. EN 2415 4. Operating parameters e.g.  * Maximum kVp e.g. 100kVp * Maximum mA/mAs e.g. 100mAs |
| 6. | Purpose of Use | Clearly state the specific use of the radioactive source/ radiating equipment at the facility e.g. diagnostic radiology, thickness gauging, research, etc. |
| 7. | Impact of proposed practice | 1. Clearly indicate the broader or longer term effects of the practice to both the users and the environment.   For Sources: Unjustified exposures to members of the public in case of lack of administrative control   1. Indicate the plans in place to mitigate those effects.   e.g. Notifying regulatory body about the practice |
| 8. | Declaration | 1. Indicate full names of the legal person of the facility   (Legal person can be the: Director, Medical director, Administrator, Medical Superintendent, etc. depending on the administrative structure of the facility.   1. Signature of the legal person and stamp where applicable 2. Date on which he/she has signed the notification form   e.g. 18th July 2016 |