

UNITED REPUBLIC OF TANZANIA

Form TAEC - 2

**Tanzania Atomic Energy Commission
P. O. Box 743
ARUSHA**

**ATOMIC ENERGY ACT (No. 7 of 2003)
(PART I-III SECTION 18 & 20)**

**APPLICATION FOR AUTHORIZATION TO POSSESS AND USE
A MEDICAL DIAGNOSTIC X-RAY EQUIPMENT**

NB: To avoid delays in evaluation, respond to all questions

PART I: GENERAL INFORMATION

A. Name and Address of Organization (including head of organization):

1. Main address.....
(GO/NGO) Tel.No.....
Fax No.....E-mail address.....
2. Mailing addressTel.No.....
Fax No.....E-mail address.....
3. Name of head of Organization
(Prof/Dr/Mr/Sr/other).....
Qualification.....

B. Name and information about qualified experts:

1. Name of Radiation Safety Officer.....
Qualification.....
Certification.....experience.....
Tel.No.....e-mail address.....

2. Other qualified experts*
2.1.....qualification.....
2.2.....qualification.....
2.3.....qualification.....
(*continue on a separate sheet)

PART II: TECHNICAL DETAILS OF EQUIPMENT*

1. Details of X-ray generator

Manufacturer/Address/ Workload	Number of tubes	Model number	Serial number	Maximum Voltage(kV)	Maximum Current (mA)
Name: Address: Max output: Exposure time per week: Weekly workload:					
Name: Address: Max output:..... Exposure time per week: Weekly workload:					

2. Device Standards

- a. Is each device manufactured, prototype tested and subject to quality control provisions of any international standard setting organization (e.g. IEC, ISO etc)? Yes/No
.....
- b. If the answer above is Yes, identify the standards and any classification numbers
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3. Is the type of installation of the x-ray machine fixed or mobile?

4. Identify who is (or will be) authorized to perform the service and maintenance of the device (organization and address)
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5. Location of the device

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

- a. Name of unit/department.....bldg No..... Room No.....
(floor if applicable)
- b. Place: Land Reg. No..... Plot No..... Vehicle Reg. No.....
- c. Location:.....Town/street/ward.....
- d. District

PART III: LAYOUT OF THE INSTALLATION*

1. Is the installation enclosed or open?
2. What are the construction materials
3. Does the installation have on interlock system, warning signals and radiation shields (mention them).....
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4. Describe the darkroom facilities in brief

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* *Attach a layout drawing of the installation showing adjacent surroundings.
Controlled and supervised areas should be clearly identified in the drawing.*

**PART IV: RADIATION PROTECTION AND SAFETY PROGRAMMES
AND EMERGENCY PLANS***

1. Organizational Structure

(a) Describe your organizational and management control systems, including assignment of responsibilities and clear lines of authority related to radiation safety.:

(i) staffing levels

(ii) equipment selection:

(iii) other assignments of the Radiation Safety Officer

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(iv) authority of the Radiation Safety Officer to stop unsafe operations.....

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(v) personnel training

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(vi) maintenance of records

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(vii) how problems affecting safety are identified and corrected.....

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(viii) other useful relevant information:

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(b) Identify the authorized users, qualified experts, and Radiation Safety Officer by name and include their training, education, experience and qualifications. (Note: the authorized user and/or Radiation Safety Officer may be the same individual).

Name	Qualification	Experience
1.....
2.....
3.....
4.....
5.....

2. Individual Monitorin

What are the personal dosimeters provided to workers?

 - (i) Thermo luminescent dosimeter (TLD)
 - (ii) Direct reading dosimeter (DRD)
 - (iii) Optically stimulated luminescence (OSL)
 - (iv) Others:

3. List the protective equipment (e.g. lead apron, gonad shield e.t.c.) available at the facility.

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4. Local rules and supervision
 - (a) Describe your training program to ensure that all appropriate personnel are adequately trained in the correct operating procedures and how their actions may affect safety:

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 - (b) Describe how you provide workers the information regarding health risks due to occupational exposure:

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 - (c) Describe your policies regarding female workers who become pregnant notification, adoption of working conditions to protect foetus/embryo and the instructions you will provide to them:

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3. Emergency procedures

Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged

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** attach more sheets if necessary*

PART V: DECLARATION

I declare that to the best of my knowledge the information provided above are true and correct

Name

Address.....

Signature.....

For Official Use Only

(i) Date at which application form was received.....

(ii) Date at which the Application was evaluated:

(iii) Licence / Registration No.:

(iv) General Remarks and/or Comments:

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