

UNITED REPUBLIC OF TANZANIA



MINISTRY OF EDUCATION
SCIENCE AND TECHNOLOGY

TANZANIA ATOMIC ENERGY COMMISSION



GUIDELINES FOR FILLING LICENSE APPLICATION FORM FOR AUTHORIZATION TO POSSESS AND USE MEDICAL DIAGNOSTIC EQUIPMENT

Document Title	GUIDELINES FOR FILLING LICENSE APPLICATION FORM FOR AUTHORIZATION TO POSSESS AND USE MEDICAL DIAGNOSTIC EQUIPMENT (TAEC 2)		
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FOREWORD

Tanzania Atomic Energy Commission, established under the Atomic Energy Act No. 7 of 2003 (here in after called “the Act”) of The United Republic of Tanzania, is the official government body responsible for regulating the peaceful use of atomic energy in the country. Under section 6 (c) and (e) of the Atomic Energy Act No 7 of 2003, Tanzania Atomic Energy Commission (TAEC) is authorized to establish or adopt in consultation with a competent body inside and outside the country, a guidance document for different radiation practices aiming at easy observance of the act and regulations in place.

The Guidelines document was developed to assist the registrants, licensees and radiation safety officers from medical radiological facilities that possess ionizing and non-ionizing radiation equipment to follow systematic procedures for filling in the required information in the license application form online. The document contains detailed information required in each question with examples.

This Guideline document for filling out a license application for authorization to possess and use medical radiation diagnostic equipment has been developed by the Commission with guidance from the International Atomic Energy Agency. The Guidelines will be revised as and when necessary, in the light of experience and feedback from Licensees and Radiation Safety Officers as well as new developments in the field.



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Prof. Najat K. Mohammed

DIRECTOR GENERAL

Guideline for filling out license application form for Authorization to possess and use medical diagnostic equipment (TAEC 2)

These guidelines are here to help the applicant effectively fill out the application form TAEC 2. We strongly recommend you read them before you start work on your application. For any queries, the applicant may kindly contact the TAEC helpline through the email drc@taec.go.tz (TAEC HQ), northernzone@taec.go.tz (TAEC Northern Zone), mtwara@taec.go.tz (for TAEC Southern Zone), mwz@taec.go.tz (for TAEC Lake Zone), znz@taec.go.tz (for TAEC Zanzibar Office), dsm@taec.go.tz (for TAEC Eastern zone), tunduma@taec.go.tz (for western regions), dodoma@taec.go.tz (for central zone).

STEP 1 Online Registration

- i. Open your browsers such as Chromium, Firefox, Microsoft edge, Safari etc. then write the following address <https://portal.taec.go.tz> on the address bar
- ii. If you don't have account, click 'sign up link which will navigate you to the registration page, if you are existing user, you click sign in tab
- iii. Fill the correct information in a given registration form
- iv. Click register button to submit information
- v. After submission the account activation email will be sent to your email
- vi. Log in to the email account that you provided during registration to activate the account
- vii. Click the link to verify the account
- viii. After creating an account use your email as username and enter your password then click sign in tab to log in
- ix. After log in you choose INSTITUTION
- x. Then you will choose INSTITUTION, there are sub portals which are;
 - TAEC 2, TAEC 3,

STEP 2. Licence fees

- i. After submission, your application form will be reviewed and you will receive a **Control Number** via the sms through the telephone number you registered.

- ii. After payment, the licence application form will be processed and the licence will be issued via online.

STEP 3: Fill out form completely as per the guide provided in the table below.

PART I: GENERAL INFORMATION

Question Number	Statement	Guide
1	(a) Type of Application: (tick where appropriate) () New Authorization, () Renewal of Authorization, () Amendment to Authorization	Example (√) New Authorization, () Renewal of Authorization, () Amendment to Authorization
	(b) Financial year	Give the government financial year, Example, 2025/2026
2	Name and Address of Organization (including Head of Organization):	
	(i) Legal Name of the Facility (Institution, firm, hospital, etc.)	The name of the Institution is required to be filled in this area, For example, Bugando Medical Centre
	(ii) Name of Legal Person/head of the organization (Prof/Dr/Mr/Mrs/Fr/Rev/Sr/other)	Name of Legal Person of Head of Institution/Organization, Hospital is required to be filled in this area, Example, Prof Nabi Nasri, Dr. Magesa Stephano
	(iii) Title of the Legal Person (e.g. Director, D.M.O, etc)	Designation/Title of the Legal Person, Example: General Director or Medical Officer In-charge or

		Administrator.
	(iv) Qualification (e.g. Certificate/Diploma/BSc /Masters in Physics	Qualification of the Legal Person, Example: Bachelor of Law, Master's Degree in Medicine, PhD in Geology
	v) Permanent Mailing Address	Example: Bugando Medical Centre, P. O. Box 47, Mwanza
	(vi) Telephone Numbers	
	• Landline	Landline Telephone Number Example: 027 297 0050
	• Mobile (Office)	Mobile Office Number Example +255 755 983 402
	• Mobile (Individual)	Mobile Personal Number +255 755 983 402
3	Name and information about qualified experts:	
	(a) Medical Practitioner	Give Details of the Medical practitioner responsible for ensuring overall patient protection and Safety in the prescription of and during the performance of Diagnostic x-ray procedures
	• Full Name	Provide the Name of the Medical practitioner Example: Emmanuel Mpangile
	• Tel No	Enter the Telephone Number of the Medical practitioner Example: 0714141979
	• Address	Enter the Address of the

		Medical practitioner Example: Emmanuel Mpangile, P.O.BOX 743, ARUSHA
	Email Address	Enter the Email Address of the Medical practitioner, Example: emmanuelmpangile@gmail.com
	Qualification	Enter the Qualification of the Medical Practitioner, For example, Bachelor's Degree in Medical Physics
	Experience	The experience of the Medical Practitioner Example Number of Years the Practitioner has been working in the field.
	Describe the actions to be taken:-	
	(i) To justify and optimize all procedures and actions	State procedures to justify the use of radiation in diagnostic and also state the procedures to reduce dose to patient while acquiring a quality image.
	(ii) In respect of pregnant or potentially pregnant patients	State the procedure to identify the pregnant women and precautions to be taken during exposure.
	(b) Radiation Safety Officer: Details of a person nominated to be Radiation Safety Officer	
	Full Name	Enter the Name of the Radiation Safety Officer Example: Emmanuel Mpangile

	Tel No	Enter the Telephone Number of the Radiation Safety Officer Example: 0714141979
	Email Address	Enter the Address of the Radiation Safety Officer Example: Emmanuel Mpangile, P.O.BOX 743, ARUSHA
	Qualification (e.g. Diploma/degree and year of graduation	Enter the Qualification of the Radiation Safety Officer, Example, Bachelor Degree in Medical Physics, Diploma in Diagnostic Radiography
	Training on Radiation Safety/Protection	
	Year attended	Which year an Officer attended Training, Example: 2019
	Institute	Which Institute attended, Example; TAEC
	Country	Country in which the training was held, Example Tanzania
	(Attach copies of Certificates if not yet submitted to the Commission)	Certificates copies should be sent to the Commission
	(c) Details of persons who will administer ionizing radiation to patients (Operators of x-ray equipment)	
	Full Name	Enter the Name of the Persons who will administer radiation Example: Emmanuel Mpangile
	Qualification (e.g.	Enter the Qualification of the

	Diploma/degree) and year of graduation	Persons who will administer radiation Example: Emmanuel Mpangile
	• Experience	For how long a person have been in service
	• Duration of operation at the centre (e.g. Since June 2009	For how long a person have working in the facility
	• Nature of employment (Part time or full time)	Nature of the contract either Full time or part time
	Training on Radiation Protection and Safety	
	• Year attended	Which year an Officer attended Training, Example: 2023
	• Institute	Which Institute attended, Example; TAEC
	• Country	Country in which the training was held, Example Tanzania

PART II: TECHNICAL DETAILS OF EQUIPMENT*

List all the devices in possession that produce radiation when energized (e.g. X-ray equipment, accelerators, cyclotrons, MRI, Ultrasound,	Guide for Machine 1		
Device	Machine ₁ (<i>In this column, the first machine details are filled</i>)	Machine ₂	Machine ₃
Manufacturer	State the name of manufacturer of the device, e.g. Philips,		

		Siemens		
Model		State the model of the device.		
Control console/generator	T/No.	State the type number of the generator		
	S/No.	State the serial number of the generator		
Tube head/housing	T/No.	State the type number of the tube house		
	S/No.	State the serial number of the tube house		
Tube Insert	T/No.	Give out the type number of the tube insert		
	S/No.	Give out the serial number of the tube insert		
Maximum operating parameters (Max kV, mAs, mA, and Timer)		State what is the maximum kilovolt, milliamp seconds, milliamp and exposure time		
Date of Manufacture		State when the machine was manufactured/produced		
Date of installation at the Centre		State date when the machine was installed		
Type of installation (Fixed or mobile)		Give out the type of installation whether is fixed or mobile		
Purpose/use (Select among the following: General Radiography,		State the purpose of the machine,		

Fluoroscopy, CT, dental, Mammography, Digital Subtraction Angiography, Others (specify).....)	Example General Radiography, Fluoroscopy, CT, MRI, Ultrasound, dental, Mammography, Digital Subtraction Angiography or State others which are not on the list		
Location within the premise (where the equipment is primarily used e.g. Radiology dept. Dental room, ward, theatre room etc)	State where the equipment is primarily used Example. Radiology Department, Dental Room, Ward, Theatre room, etc.		
Compliance with International standards e.g. ISO or IEC (Identify the standard and give the classification No.)	State whether the machine comply with international standards and provide the classification number.		
Status of the device (working or Defective)	State the condition of your Device if is working or not		
Date it was last inspected	State when the last inspection was conducted.		

(If more than three machines); If you have more than three machines follow the same procedures as that on the first three machines.

1. Identify who is (or will be) authorized to perform the service and maintenance of the device (Give the organization name and address)

Guide: State the organization's name and address for who will be conducting service and maintenance of the machine(s)

2. Give the actual location of the premise/facility

Statement	Guide
District:	State the District In which the Facility is located, Example Ilemela
Region	State the Region In which the Facility is located, Example Mwanza
Name of Unit/department:	Example, Radiology Department, Dental Unit
Town:	State the Town In which the Facility is located, Example Maganzo
Street:	State the Street In which the Facility is located, Example Buswelu
Ward:	State the Ward In which the Facility is located,
Room No.(if applicable):	State the Room Number (If applicable)
Floor:	State the Floor Number Example Ground Floor, First Floor
Building No.(if applicable)	State the Building Number
Other:	

PART III: LAYOUT OF THE INSTALLATION*

Statement	Guide
1. Is the installation enclosed or open?	State if the premise where the machine is installed is closed or open.

2. What are the construction materials?	Mention the construction material used to construct the room where the machine installed Example, cement blocks, concrete blocks,
3. Does the installation have an interlock system? Tick where appropriate (Yes/No), warning signals (Yes/No), and radiation notices (Yes/No).....(Others mention them)	State whether an interlock system is installed and Tick whether warning symbols are placed and radiation notices are available.
4. Darkroom facilities. State if the following facilities are available or not (tick where appropriate)	Tick whether the following are available in the dark room, Example of safe light below
• Manual processor	
• Automatic processor	
• Safe light	√
• Timer	
• Temperature control facility	
• Different sizes of cassettes	
Any other facility not mentioned above/Comments	Add any facility not mentioned above e.g.: a Digital Radiography processing system

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:

Statement	Guide
(I) Staffing levels	State the number of qualified staff in the

	department, Example 1 radiologist, 1 Radiation Safety Officer and 1 radiographer
(ii) equipment selection:	State available procedures for equipment selection especially during the procurement process
(iii) Other assignments of the Radiation Safety Officer (RSO), authority of the Radiation Safety Officer to stop unsafe operations	State other responsibilities of the RSO other than those in Section 57 of the Atomic Energy Act no 7 of 2003. And state whether the RSO has the authority to stop unsafe operations as one of his /her roles in the facility.
(iv) Personnel training	State the content of the training, when, how and the staff trained. This should include how often the trainings are conducted.
(v) maintenance of records	State available procedures on maintenance of records and how the records are kept)
(vi) how problems affecting safety are identified and corrected	State procedures are used to identify problems affecting radiation protection and safety and how the problems are solved.
(vii) other useful/relevant information:	State any other information related to the radiation safety program other than those mentioned above

2. Individual Monitoring

Statement	Guide
Are radiation workers being monitored? Yes/No	Indicate if individual monitoring is done
Give the Name of the Institute providing	Provide the Name of the

that Service	Company/Institution that provides and reads the dosimeters Example; Tanzania Atomic Energy Commission, P. O. Box 743, Arusha.
Type of personal dosimeters provided to workers? (tick the appropriate) • Thermoluminescent dosimeter (TLD) • Direct reading dosimeter (DRD) • Optically stimulated luminescence (OSL) • Others(Specify)	Tick the type of Dosimeter used by the facility
Is the exchange of TLD done within the specified period?	State whether the exchange of TLD is done within time. Indicate any delay.
Number of personnel being monitored	State the number of personnel who are monitored
Any Comments to improve the service	State any comment to improve the TLD services
List the number of protective equipment (e.g. lead apron, gonad shield, etc.) available at the facility; • Lead apron • Gonad shield • Collar shield • Lead gloves	State the number each equipment available Example • Lead apron (2) • Gonad (2)

3. Local rules and supervision

Statement	Guide
(a) Describe your training program to ensure that all appropriate personnel are	Describe the content, method used to train, and frequency of the

adequately trained in the correct operating procedures and how their actions may affect safety:	training.
(b) Describe how you would provide workers the information regarding health risks due to occupational exposure:	Describe briefly how information on radiation risks is dispatched to workers
(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:	Describe the procedures in place to protect female radiation workers who could become pregnant from the dangers that may arise from using ionizing radiation.

4. Emergency procedures

Statement	Guide
Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged	State the procedure to be followed during an accident or incident; Refer to Regulation 16 and 17 of the Atomic Energy (Protection from Ionizing and Non –Ionizing Radiation) Regulations, 2023.

PART V: DECLARATION

Declaration	i. Indicate full name of the Legal Person of the facility. ii. Signature of the Legal Person iii. Title of the Legal person iv. Date v. Stamp an Official Stamp of the Organization/Institution
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Thank you for utilizing the guidelines to fill up the license application form

