

TANZANIA ATOMIC ENERGY COMMISSION

(Official Government body responsible for Atomic Energy Matters)

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S.L.P 743
ARUSHA
TANZANIA

Form TAEC 1

ATOMIC ENERGY ACT No. 7 OF 2003 PART III (read together with Regulation)

FORM FOR NOTIFICATION OF PRACTICE INVOLVING IONIZING RADIATION

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

(i) Legal name of the Facility (Institution, firm, hospital, etc.)	
(ii) Name of legal Person/head of organization (Prof/Dr/Mr/Mrs/Fr/Rev/Sr/other)	
(iii) Title of the legal Person (eg. Director, District Medical Officer etc)	(i) Qualification (e.g Certificate/Diploma/BSc /Masters in Physics)
(ii) Permanent Mailing address	(iii) Telephone Numbers
	Landline:
	Mobile:
	Fax:
	Email Address:

2. Particulars of the radiation sources in use or to be used:

- (i) If the practice involves Radioactive Materials:
Give details of radioactive materials that you intend to import/use and attach supplier/manufacturer's certificate

Note: If space is insufficient, please, complete and attach additional sheets with the information shown below. If radiation source is not labeled, provide any identifying information that may be available including copies of any relevant documents.

Radionuclide (e.g. Cs-137)	Manufacturer	Source S/No.	Device Model No.	Activity [Ci/Bq]	Activity Date	Form (unsealed, sealed, solid, Liquid, gas, etc.)	Sale Price in US (\$)

(ii) If the practice involves electrical devices producing ionizing radiation (e.g. X ray equipment, accelerators, cyclotrons, etc.) Give details of the equipment.

Manufacturer	Model	Generator		Tube Head		Maximum Power (e.g. max radiographic)	
		T/No	S/No	Type.	S/No	kVp	mA or mAs

3. Field of application and purpose(s) in which the radiation sources are or will be used:

(Tick As Appropriate)

SOURCES: Well Logging Density/Moisture Gauging Radiotherapy
 In-stream analysis of slurries Thickness control Level detection
 Others(Specify).....

X-RAY: General Radiography Dental Fluoroscopy CT
 Mammography Others(Specify).....

4. Location of facility where the radiation device/radioactive source will be used, stored or installed:

Region:	District:
Street/area:	Building No.
Assessment of suitability of the location done by:(Institute).....	
Date of assessment.....	

5. Name and information about qualified user:

(a) Radiation Safety Officer

Details of a person nominated to be Company/Institute Radiation Safety Officer

Full Name	Tel. No.	Address	Email	Qualification(e.g Certificate/Diploma/degree in.....) and year of graduation	Training on Radiation Safety/Protection		
					Year attended	Institute	Country

(Attach copies of Certificates)

(b) List the Names of persons who will use or directly supervise the use of Radiation device(s)

No.	Name	Qualification(e.g Certificate/Diploma/degree in.....)	Experience
1.			
2.			
3.			
4.			

(Attach copies of Certificates)

(If space is not enough attach a sheet of paper)

LEGAL PERSON/HEAD OF THE CENTER OR REPRESENTATIVE:

Name: Signature:

Title: Date:

OFFICIAL STAMP OR SEAL: