

TANZANIA ATOMIC ENERGY COMMISSION

(Official Government body responsible for Atomic Energy Matters)

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S.L.P 743
 ARUSHA
 TANZANIA

Form TAEC 5

**ATOMIC ENERGY ACT, No. 7 OF 2003
 [PART I-III SECTION 18 AND 20]**

**APPLICATION FOR AUTHORIZATION TO POSSESS AND USE
 RADIATION EMITTING DEVICES (NON-MEDICAL)**

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

1. (a) Type of Application: (tick where appropriate)

() New Authorization, () Renewal of Authorization, () Amendment to Authorization

(b) Financial year (eg. 2008/2009)

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

(i) Legal name of the Facility (Institution, firm, Company 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, General Manager etc)	(iv) Qualification (e.g Certificate/Diploma/BSc /Masters in Physics)		
(v) Permanent Mailing address	(vi) Telephone Numbers		
	Landline (<i>office</i>):		
	Mobile:	<i>(office)</i>	<i>(Individual)</i>
	Fax (<i>office</i>):		
(vii) Person to be contacted regarding this application (<i>If different from the above</i>)	Email Address:	<i>(office)</i>	<i>(Individual)</i>
	<i>Title</i>	<i>Mobile</i>	<i>Email address</i>

(b) For Un Sealed Radation emitting device(s)

Radionuclide (eg. Carbon-14)	Maximum activity (eg. 20 kBq)	Physical/Chemical form (e.g. solid/liquid/gas + chemical name)	Application (e.g. Tracer study of oil well)

(c) For Devices when energized produce radiation (e.g x-ray equipment,,accelerators,Ultrasound, MRI etc)

No	Manufacturer	Model No.	Generator		Tube		Maximum Power			Date of installation
			T/No.	S/No.	T/No.	S/No.	kVp	mA	Time	

Application/use (eg. Non Destructive Testing – NDT, Cargo inspection, Sorting, Level detection, Thickness Control, etc)

6. Name and Information about qualified experts who will use or directly supervise the use of Radiation source(s)

Users		Person ₁	Person ₂	Person ₃
Full Name				
Academic Qualification	Highest Academic Qualification Achieved (e.g. Certificate/Diploma/degree/Masters in.....)			
	Institute			
	Country			
	Year of graduation			
If the qualification attained is not directly related to operational of radiation Sources	Training in handling/operating radiation sources (give the field/type of training)			
	Length of training			
	Institute			
	Country			
Training on Radiation Safety/Protection	Institute			
	Country			
	Year attended			
	Length of training			
Duration of operation at the centre (eg. Since 2006)				

(If Space is not enough attach a separate sheet), (Attach copies of relevant Certificates if not yet submitted to the Commission)

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

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

Staffing levels

equipment selection:

other assignments of the Radiation Safety Officer, authority of the Radiation Safety Officer to stop unsafe operations:

personnel training:
maintenance of records including source inventory and leak testing for equipment incorporating radioactive sources:
how problems affecting safety are identified and corrected:
other useful relevant information:

9. Individual Monitoring (If applicable)

Are radiation workers being monitored? Yes/No	If Yes Give the Name of Institute providing the Service	
What type of personal dosimeters provided to workers? (<i>tick the appropriate</i>)		
Thermo luminescent dosimeter (TLD)	Direct reading dosimeter (DRD)	Optically stimulated luminescence (OSL)
Others(Specify)	Is the exchange of TLD done within the specified period of time?	
Number of personnel being monitored	Any Comments to improve the service	

10. Protective Gears (If Applicable)

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

11. 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:

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

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

12. Emergency procedures

Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual, potential damage to the source, safety control system, loss of the source shielding, stuck sources or any other emergencies envisaged.

13. Waste Management

Describe in details the methods will be used to dispose radioactive sources when will become disused/spent (It is encouraged to make contracts with Supplier to receive the sources when they becomedisused/spent):

If the device will still be in good condition after the work is complete, explain your intention/plan with the device:

(Please attach a contract/evidence which indicates the acceptance of the source by the supplier/manufacturere)

INSTRUCTIONS PAYMENT OF LICENCE APPLICATION FEE

1. Request a government bill from Tanzania Atomic Energy Commission;
2. Pay licence application fee to any National Micro Finance Bank (NMB) through Control Number shown in government bill. Any payments outside the government billing system will **NOT** be accepted by the Commission and may delay your licence issuance;
3. Fill carefully and correctly all items in the licence application form;
4. Return the completed and signed application form with a proof of payment i.e Bank pay in slip to the address below:
Director General, Tanzania Atomic Energy Commission (TAEC), Box 743, Arusha. Email dg@taec.go.tz,
Tel. +255272508554, Fax +255272509709;
5. No application form will be processed without proof of payments; and
6. If there is any unfilled item in the application form with specific reasons then give more detailed explanations on a separate sheet of paper

DECLARATION

LEGAL PERSON/HEAD OF THE CENTER OR REPRESENTATIVE:

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

Name: Signature:

Title: Date:

OFFICIAL STAMP OR SEAL:

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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