

# TANZANIA ATOMIC ENERGY COMMISSION

(Official Government body responsible for Atomic Energy Matters)

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 ARUSHA  
 TANZANIA

**Form TAEC 2**

**ATOMIC ENERGY ACT, No. 7 OF 2003**  
**[PART I-III SECTION 18 AND 20]**  
**APPLICATION FOR AUTHORIZATION TO POSSESS AND USE**  
**MEDICAL DIAGNOSTIC EQUIPMENTS**

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

**PART I: GENERAL INFORMATION**

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, 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, D.M.O 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> ):		
Email Address:		<i>(office)</i>	<i>(individual)</i>	
(vii) Person to be contacted regarding this application ( <i>if different from the above</i> )		<i>Title</i>	<i>Mobile</i>	
<i>Email Address</i>				

3. Name and information about qualified experts:
  - (a) Medical Practitioner: Give Details of Medical practitioner responsible for ensuring over all patient protection and Safety in the prescription of and during the performance of Diagnostic procedures.

Full Name	Tel. No.	Address	Email Add	Qualification (e.g. Diploma/degree in.) and year of graduation	Experience

Describe the actions to be taken :-

- (i) to justify and optimize all procedures and actions
- (ii) in respect of pregnant or potentially pregnant patients

(b) Radiation Safety Officer: Details of a person nominated to be Radiation Safety Officer

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

(Attach copies of Certificates if not yet submitted to the Commission)

(c) Details of persons who will administer radiation to patients (Operators of radiation equipments)

Full Name	Qualification (e.g. Diploma/degree) and year of graduation	Experience	Duration of operation at the center (e.g. Since June 2009)	Nature of employment (Part time or full time)	Training on Radiation Protection and Safety		
					Year attended	Institute	Country

(Attach copies of Certificates if not yet submitted to the Commission)

(\*continue on a separate sheet)

**PART II: TECHNICAL DETAILS OF EQUIPMENT\***

1. List all the devices in possession which produce radiation when energized (e.g. X-ray equipment, accelerators, cyclotrons, MRI, ultrasound machine, etc.) Give details of each equipment as indicated on the table below:

Device		Machine <sub>1</sub>	Machine <sub>2</sub>	Machine <sub>3</sub>
Manufacturer				
Model				
Control console/generator	T/No.			
	S/No.			
Tube head/housing	T/No.			
	S/No.			
Tube Insert	T/No.			
	S/No.			
Maximum operating parameters (Max kV, mAs, mA, and Timer)				
Date of Manufacture				
Date of installation at the Centre				
Type of installation (Fixed or mobile)				

<b>Purpose/use (Select among the following: General Radiography, fluoroscopy, CT, dental, Mammography, Digital Subtraction angiography, MRI, Ultrasound, Others (specify). ....)</b>			
<b>Location within the premise (where the equipment is primarily used eg. Radiology dept. Dental room, ward, theatre room etc)</b>			
<b>Compliance with International standards eg ISO or IEC(Identify the standard and give the classification No.)</b>			
<b>Status of the device (working or Defective)</b>			
<b>Date it was last inspected</b>			

Cont. ...(If more than three machines)

<b>Device</b>	<b>Machine<sub>1</sub></b>	<b>Machine<sub>2</sub></b>	<b>Machine<sub>3</sub></b>
<b>Manufacturer</b>			
<b>Model</b>			
<b>Control console/generator</b>	<b>T/No.</b>		
	<b>S/No.</b>		
<b>Tube head/housing</b>	<b>T/No.</b>		
	<b>S/No.</b>		
<b>Tube Insert</b>	<b>T/No.</b>		
	<b>S/No.</b>		
<b>Maximum operating parameters (Max kV, mAs, mA, and Timer)</b>			
<b>Date of Manufacture</b>			
<b>Date of installation at the Cente</b>			
<b>Type of installation (Fixed or mobile)</b>			
<b>Purpose/use (Select among the following: General Radiography, fluoroscopy, CT, dental, Mammography, Digital Subtraction angiography, MRI, Ultrasound Others (specify)..... )</b>			

<b>Location within the premise (where the equipment is primarily used eg. Radiology dept.</b>			
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Dental room, ward, theatre room etc)			
Compliance with International standards eg ISO or IEC(Identify the standard and give the classification No.)			
Status of the device (working or Defective)			
Date it was last inspected			

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

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3. Give the actual location of the premise/facility

District:	Name of Unit/department:	Room No.(if applicable):	Floor:	Building No.(if applicable):
Region:	Town:	Street:	Ward:	Other:

**PART III: LAYOUT OF THE INSTALLATION\***

1. Is the installation enclosed or open?		
2. What are the construction materials?		
3. Does the installation have an interlock system? Tick where appropriate (Yes/No), warning signals (Yes/No), and radiation notices (Yes/No).....(Other mention them)		
4. Darkroom facilities. State if the following facilities are available or not (tick where appropriate)		
Manual processor	Automatic processor	Safe light
Timer	Temperature control facility	Different sizes of cassettes
Any other facility not mentioned above/Comments		

\* 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, authority of the Radiation Safety Officer to stop unsafe operations

(iv) personnel training
(v) maintenance of records
(vi) how problems affecting safety are identified and corrected
(vii) other useful/relevant information:

**2. Individual Monitoring**

Are radiation workers being monitored? Yes/No	Give the Name of Institute providing that Service						
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						
List the number of protective equipment (e.g. lead apron, gonad shield e.t.c.) available at the facility;							
Lead apron	No.	Gonad shield	No.	Lead gloves	No. of pairs	Collar shield	No.

**3. 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 would 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 foetus/embryo and the instructions you will provide to them:

**4. 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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### **INSTRUCTION FOR PAYMENT OF LICENCE APPLICATION FEE**

1. Request a government bill from Tanzania Atomic Energy Commission;
2. Pay license 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 license 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](mailto: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

**PART V: 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) License / Registration No.:.....

(iv) General Remarks and/or Comments.....

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