

GOVERNMENT OF INDIA ATOMIC ENERGY REGULATORY BOARD



Radiological Safety Division (RSD) DIAGNOSTIC RADIOLOGY SECTION

<u>Revised Guidelines for obtaining regulatory consents from AERB for</u> <u>medical diagnostic X-ray equipment</u>

- 1) Applications for Registration (Radiography/R &F/Mammography/OPG/BMD/ Dental/ Mobile Radiography/ C-Arm) (details given in TABLE-A):
- Completely filled duly signed and stamped application form (AERB/RSD/MDX/REG).
- Layout shall be prepared as per the AERB guidelines for layout and shielding of x-ray equipment
- 2) Application for License (Computed Tomography(CT)/ Interventional Radiology (IR) installations) (Details given in TABLE-B)
- Completely filled, duly signed and stamped application form (AERB/RSD/MDX-CT-CATH/LCO & RSO)
- Layout shall be prepared as per the AERB guidelines for layout and shielding of x-ray equipment

3) RSO Approval

- Completely filled, duly signed and stamped application form (<u>AERB/RSD/MDX-RSO</u>)
 - Copy of certificates of qualifications (Refer Prescribed qualifications for personnel in DR practice)
 - Availability of Personnel monitoring badge (TLD) for which he/she is nominated to become RSO.

4) Personnel Monitoring Service providers

It is the responsibility of the employer to provide personnel radiation monitoring devices (TLD badges) to the radiation workers (persons associated with the use of x-ray equipment).

| Sr. | Name of Accredited Laboratory | States Covered | Telephone |
|-----|----------------------------------------------------------|----------------------------------|---------------------|
| No. | • | | 1 |
| 1 | M/s. Avanttec Lab. Private Limited,# 76, 7 th | Andhra Pradesh, Tamil Nadu, | 044-26345288,044- |
| | street, ground floor,Porur Garden,Phase-1, | karnataka, Kerala, Puducherry | 26630553/54/56 |
| | Chennai - 600095, Tamil Nadu | (Southern Region) | email: |
| | | | tldlab@avanttec.net |
| 2 | M/s. Renentech Lab. Private Limited, C-106, | Maharashtra, Gujarat, | 022-40037476 |
| | Synthofine Industrial Estate, Off Aarey Road, | Rajasthan, Goa, (Western | |
| | Goregaon(E), Mumbai- 490063. Maharashtra | Region) | |
| 3 | M/s. Ultratech Lab. Private limited,Cloth | All other states in the Central, | 788-3295166, |
| | Market, G.E. Road, kumhari, Bhilai, Durg - | Northern and North Eastern | 09981212431 |
| | 490042, Chhattisgarh. | parts of the country | |
| 4 | Defence Laboratory, Jodhpur | All Defence institutions of the | |
| | | country | |

The accredited personnel radiation monitoring service providers:

5) Points to be noted

- a) No two X-ray equipment should be installed in the same room
- b) X-ray installations should be located as far as feasible from areas of high occupancy such as maternity, pediatric and ultra sonography rooms and other departments not directly related to radiation applications in medicine.
- c) Periodic safety status reports as per prescribed format on AERB website should be maintained by registrant/ licensee.
- d) Quality Assurance should be conducted once in two years on every x-ray equipment and records to be maintained by registrant/licensee.
- e) Other requirements relevant to medical diagnostic installations are prescribed in AERB safety Code (AERB/SC/Med-2), 2001 and its amendment.

6) <u>Renewal of Registration/ License</u>: Application for renewal of Registration/ Licence shall be submitted to Head, RSD, AERB at least 3 months prior to their validity date.

| TABLE –A: Requirements for Registration to use/ operate X-ray equipment . (Ref. Application form <u>AERB/RSD/MDX/REG)</u> | | | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Type of X-ray unit | Requirements for layout of the room to install X-ray equipment | Requirements for Registration | | |
| Radiography/ Fluoroscopy/ Mammography/ OPG/ Dental CBCT | Kindly see layout and shielding guidelines for diagnostic x-ray installations (as applicable) | 2 copies of layout of X-ray equipment room (in 1:50 scale) Copy of valid NOC/ Type Approval certificate of X-ray equipment Copy of RSO approval, if already obtained Availability of protective accessories (Mobile protective barrier, protective apron of 0.25mm Pb equivalent) List of qualified/ trained personnel with TLD badges numbers (which should include names of doctors, operator and RSO) Copy of authenticated QA report | | |
| C-arm/ Mobile radiography/ Intra oral dental equipment/ BMD | Not applicable | Copy of valid NOC/ Type Approval certificate of X-ray equipment Copy of RSO approval, if already obtained Availability of protective accessories (Mobile protective barrier, protective apron of 0.25mm Pb equivalent) List of qualified/ trained personnel with TLD badges numbers (which should include names of doctors, operator and RSO) Copy of authenticated QA report | | |

| TABLE –B: Requirements for License to use/ operate CT/ IR equipment (Ref Application form <u>AERB/RSD/MDX/LIC)</u> | | | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Type of X-ray equipment | Requirements for Layout Approval of CT/IR room Application form: | Requirements for Licence | | |
| Computed Tomography/ Interventional Radiology (Cath- Lab) | Kindly see layout and shielding guidelines for diagnostic x-ray installations (as applicable) | 2 copies of layout of X-ray equipment room (in 1:50 scale) Copy of valid NOC/ Type Approval certificate of X-ray equipment Copy of RSO approval, if already obtained Availability of protective accessories (Mobile protective barrier, protective apron of 0.25mm Pb equivalent) List of qualified/ trained personnel with TLD badges numbers (which should include names of doctors, operator and RSO) Copy of authenticated QA report Copy of Radiation Protection Manual. | | |