

Checklist for submission of application form for Licence

*Incomplete submission may cause delay in processing of the application.

Name of the Hospital/Institution:

City

State

Sr.No.	Checkpoints	Status
1	Application form is completely filled, duly signed and stamped	YES/NO
2	Address for correspondence is correctly mentioned with pin code (courier doesn't reach without pin code)	YES/NO
3	Name of related medical practitioner, operator and RSO is given in the staff list	YES/NO
4	TLD badge numbers of radiation workers are provided in the staff list	YES/NO
5	Copy of a) Valid Type Approval/NOC is enclosed b) For nominated RSO, latest qualification certificates are enclosed c) QA report is enclosed	YES/NO YES/NO YES/NO
6	Layout report and 2 copies of layout are enclosed	YES/NO
7	Undertaking/declaration has been duly signed and stamped	YES/NO

Place:

Signature:

Date:

Name of the Applicant:

Government of India
Atomic Energy Regulatory Board
Niyamak Bhavan
Anushaktinagar,
Mumbai – 400 094

APPLICATION FOR LICENCE FOR COMMISSIONING/ OPERATION OF
MEDICAL DIAGNOSTIC X-RAY EQUIPMENT
[COMPUTED TOMOGRAPHY (CT)/INTERVENTIONAL RADIOLOGY (CATH LAB)]

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- a) This Application would be considered by the competent authority for issuance of relevant consents, under the Atomic Energy (Radiation Protection) Rules, 2004).
 - b) The duly filled-in form should be sent to Head, Radiological Safety Division, (RSD) AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 with the necessary documents.
 - c) Incomplete applications and those without all relevant documents are liable to be rejected.
 - d) All the forms pertaining to this facility can be downloaded from the website www.aerb.gov.in
 - e) Attach extra sheets wherever required
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PART A
GENERAL PARTICULARS

A.1 Name and address of the institution:

Telephone No. Fax No

A.2 Name, Designation of the Head of the institution [§]

Telephone No. Mobile No.
Fax No. Email

A.3 Name and designation of the applicant: [#]

Telephone No. Mobile No.
Fax No. Email

A.4 Name and designation of the Radiological Safety Officer (RSO)*,
(either nominated or approved)

Telephone No. Mobile No.
Fax No. Email
RSO Approval reference No.: Valid up to

A.5 Address of installation of the X-ray equipment:

Applicant is the person in whose name the relevant consent may be issued, under AE (RP) R-2004, and should be a full time employer of the institution.

*§ The head of the institution is the person who would have the responsibilities of “**employer**” prescribed in AE (RP)R-2004.*

** RSO is the person who is so designated by employer and approved by competent authority and have the responsibilities of “**Radiological Safety Officer**” as prescribed in AE(RP)R-2004.*

PART B
PARTICULARS OF THE PROPOSED FACILITY

B.1: Whether the equipment is: New/ pre-owned

B.2 In case of pre-owned: purchased/received from (name and address):

B.3 Purpose

Medical Diagnosis/ Research/ Veterinary/ others (please specify)

B.4 Details of equipment (Attach extra sheets if required)

Sr. No.	Type of equipment	Model Name	Supplier Name	Date of installation	NOC / Type Approval No. (attach copy)	Max kVp	Max. mA/mAs

B. 5 Quality Assurance report enclosed: YES/NO

B. 6 Layout report is attached: YES/NO

B.7 Availability of Radiation Measuring & Monitoring Instruments and Radiation Protection Accessories

- | | |
|--|--------|
| a) Ceiling mounted Lead Glass (applicable to cath lab) | Yes/No |
| b) Lead aprons | Yes/No |
| c) Couch hanging lead rubber flaps (applicable to cath lab) | Yes/No |
| d) Dose Area Product (DAP) meter (applicable to cath lab) | Yes/No |
| c) Personnel Monitoring Badges (TLD) | Yes/No |
| d) Quality Assurance kit (optional) | Yes/No |
| e) Availability of phantom for CT (daily QA) | Yes/No |
| f) Red light, X-Ray Caution Symbol and Warning Placards: | Yes/No |

B.8 Workload:

For Computed Tomography:

Type of Examination	Average No. of examinations/week	mAs/slice	kV	No. of slices per examination (approximate)

For Interventional Radiology

Type of Examination	Average No. of examinations/week	Total DAP/patient (mGy cm ²)	kV	Average (total mAs/patient)

PART C
STAFF DETAILS (Please attach separate list if required)

Sr. No.		Name	Academic/ Professional Qualification	Experience	PMS (TLD Number)	Full time /Part time
	Related medical practitioner					
	Operators					
	RSO designate					

PART D

APPROVAL /RENEWAL OF RADIOLOGICAL SAFETY OFFICER

E.1 This application is for

First time RSO approval		
Renewal of RSO approval	Ref No.:	Valid till:

PLEASE AFFIX
A RECENT
PASSPORT
SIZE
PHOTOGRAPH

E.2 Present PMS badge (TLD) Number:

E.3 Latest academic qualification and training courses in radiation safety (Please attach certificate of latest academic qualification and the certificate of training if acquired)

Qualifications	University/ Examining body	Latest Degree/ Diploma	Year of passing
Academic			
Training courses in radiation safety			

E.4 Experience in radiation work (**attach copies of experience certificates and present employment certificate**)

Year(s) of work	Name of institution and place	Radiation equipment handled	TLD badge No.

E.5 Details of radiation equipment for which the RSO will be responsible (**attach additional sheets, with complete details**)

Radiation equipment	Type of equipment	Model name	Make

UNDERTAKING BY NOMINATED RSO

I hereby undertake to fulfil Duties and Responsibilities of RSO as follows:

- a) I have read and understood the AERB guidelines on radiation protection.
- b) I shall ensure that the radiographer/s operating the x-ray equipment are trained in radiation protection aspects and provided with adequate protective accessories while operating the equipment
- c) I shall ensure that suppliers of x-ray equipment will render training to the x-ray technologist/ operator on safe operation of x-ray equipment.
- d) I shall ensure that the QA of the equipment is carried out once in two years, or as recommended by AERB and maintain records thereof.
- e) I shall ensure that the TLD badges are distributed to the radiation workers (whoever operates the x-ray equipment /works around the x-ray equipment/ associated with the procedure)
- f) I shall ensure that proper instructions on using of TLD badges are given to the radiation workers
- g) I shall maintain control TLD badge at a location away from the radiation areas
- h) I shall ensure that the TLD badges are sent periodically for evaluation of doses and maintain the dose records thereof.
- i) I shall report any excessive exposures (above quarterly or annual limit) to AERB
- j) I shall ensure that proper warning x-ray symbols , are placed on the door to the room housing the x-ray equipment
- k) I shall ensure that female radiation workers get alternative employment, away from radiation areas, on declaration of pregnancy. (for eg, Darkroom assistant, receptionist, record keeping etc)
- l) I shall ensure that lead aprons are properly placed on a stand provided for the purpose, when not in use.
- m) I shall ensure lead aprons are checked once in a year for integrity.
- n) I shall prepare and maintain periodic safety status reports which will be made available to representatives of inspecting agency.
- o) I shall advise the management about regulatory requirements for installation of any new x-ray equipment/ decommissioning of old x-ray equipment
- p) I shall inform the AERB, in case of relinquishing the responsibilities of Radiological Safety Officer.

I have also understood the relevant provisions of the Act, Rules and Safety Code as mentioned above and radiation safety aspects. I am solely responsible for discharging the duties of Radiological Safety Officer of diagnostic radiology department as per rule 22 of AE (RP) R-2004.

Place

Signature of Registrant/ RSO

Date

Name of Registrant/ RSO

PART E

LAYOUT AND SHIELDING DETAILS OF MEDICAL X-RAY INSTALLATION

Identification of location (Room No.):

(Refer AERB guidelines for layout and shielding of x-ray installations)

Wall Identification	Distance from exposure area (from centre of the couch)	Material used for shielding	Thickness of the shielding material
Wall A			
Wall B			
Wall C			
Wall D			
Patient Entrance Door			
Control room door			
Window, if any, if at the height less than 2 m from outside finished floor of CT/IR room			
Floor			
Ceiling			

	Check list to be filled by applicant	Status
1	All the walls are identified and distances of walls from the isocentre of the equipment are indicated in the layout drawing	<input type="checkbox"/>
2	Layout drawing indicates gantry/C-arm, couch, control panel/ control room, windows, doors, make and model of the CT/IR equipment.	<input type="checkbox"/>
3	Layout drawing is signed and stamped by the applicant.	<input type="checkbox"/>
4	Layout drawing is authenticated by supplier.	<input type="checkbox"/>
5	The layout drawing is as per values filled in the above table.	<input type="checkbox"/>
6	Height of the window from outside finished floor of CT/IR room is > 2 m	Yes/ No
7	If No, whether shielding is provided on the window up to 2m	Yes/ No

Attach drawing authenticated by supplier in A4 size sheet (scale 1:50) indicating details given above.

Verified by:

Name of the applicant:

Signature of the supplier
Name
Designation
Company

Signature of applicant:

PART F

UNDERTAKING BY HEAD OF THE INSTITUTION AND APPLICANT

I/ We hereby certify that

- a) Quality Assurance tests will be conducted within six months from the date of application and records will be maintained at the premises.
- b) All the statement made above are correct to the best of my knowledge and belief
- c) No activity will be carried out for purposes other than those specified in this form;
- d) Site and layout shall be as per the approved plan only.
- e) The equipment shall be put into operation only after obtaining Registration certificate from the Competent Authority.
- f) No person below age of 18 years shall be employed as radiation worker (operator and RSO)
- g) All provisions of the Atomic Energy (Radiation Protection) Rules, 2004 shall be strictly complied with.
- h) All provisions of AERB Safety Code on Medical Diagnostic X-ray Equipment and Installations, AERB/SC/ MED- 2 (Rev-1) or the revised version thereof currently in force shall be complied with
- i) The facility shall not be transferred/sold/ rented by me/us to another without the prior permission of the competent authority;
- j) The installation / maintenance of the equipment would be done by authorized and trained persons.
- k) Full facilities will be accorded by me/us to any authorised representatives of the competent authority to inspect this installations at any time;
- l) Radiation surveillance and medical surveillance of all persons engaged in radiation work as required by the competent authority will be duly carried out at my/our expense
- m) All recommendations made from time to time by the competent authority in respect of radiation safety will be duly implemented;
- n) Duly qualified and trained manpower (including radiological safety officer, shall be appointed before the commencement of operation of the facility;
- o) Decommissioning/ dismantling and reuse of the site of the decommissioned facility will be done with prior intimation to AERB.
- p) All necessary facilities will be provided to the RSO to discharge his duties and functions effectively.
- q) Atomic Energy Regulatory Board will be immediately informed in case the RSO is relieved of his duties and his original certificate would be returned.
- r) Keep AERB informed about any changes in the information furnished above

In case, it is found, at any stage, that the information provided by me/us is false and/ or not authentic, then I/ we hereby accept that appropriate regulatory actions may be initiated against me/us and our institution, in accordance with the applicable Rules.

Place:
Date:

Signature:
Name of the Applicant:
Designation:

Signature:
Name of Head of the Institution:
Designation:

DECLARATION BY THE AUTHORISED SUPPLIER

Our company has installed a Computed Tomography / Interventional Radiology equipment model-----, which is having a valid NOC/Type Approval certificate from AERB. Its performance/ acceptance test are demonstrated to the user's representative on.....

Place: _____

Signature of the service engineer

Date: _____

Name
Designation
Company

SEAL OF THE COMPANY