



Application No

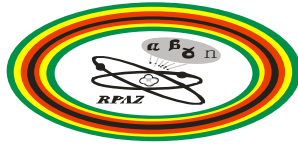
**REVIEW AND ASSESSMENT OF LICENCE APPLICATION
DIAGNOSTIC and INTERVENTIONAL RADIOLOGY**

FIRST APPLICATION RENEWAL DATE RECEIVED ____ / ____ / ____

NAME OF APPLICANT _____

PROCESSING OFFICER

ITEM	YES	NO	NOTES and ACTIONS
DATABASE ENTRY, PRELIMINARY DATA CHECK, FILE CREATION			
Database entry completed?	<input type="checkbox"/>	<input type="checkbox"/>	New applications - enter information into the database and record the application sequence number (and/or future licence number) on the application. Renewals - update the database as required.
Required details provided?	<input type="checkbox"/>	<input type="checkbox"/>	Has required information been provided including postal and physical address, RPO, x-ray equipment inventory, RPP, etc? If not, or if unclear, discuss with the assessment officer and, return the application for the additional information as directed. Mark record with bring-up date.
Legal person identified?	<input type="checkbox"/>	<input type="checkbox"/>	Name and position held has been stated? If not, discuss with the assessment officer.
Application signed by the legal person?	<input type="checkbox"/>	<input type="checkbox"/>	Application to be returned if unsigned. However, first discuss with the assessment officer as other matters may need to be raised with the applicant. Return the application for signature as directed. Mark record with bring-up date.
Correct fees paid?	<input type="checkbox"/>	<input type="checkbox"/>	Check that the correct fee has been paid. If not, first discuss with the assessment officer as other matters may need to be raised with the applicant. Send letter advising fee details. Mark record with bring-up date.
File and related papers prepared for assessment?	<input type="checkbox"/>	<input type="checkbox"/>	Create the licence file (retrieve previous file for renewal) and transfer with the application, related papers and the relevant review and assessment forms to the assessment officer
If all matters have been satisfactorily completed, the application is to be forwarded to the officer assigned to review this class of application. Applications held for further information must be followed up within 10 working days.			



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FIRST APPLICATION RENEWAL DATE RECEIVED ____ / ____ / ____

NAME OF APPLICANT _____

ASSESSMENT OFFICER (Tick relevant box or enter "n/a" if not applicable)

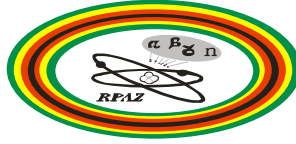
ITEM	YES	NO	NOTES and ACTIONS
PERSONNEL RESOURCES AND TRAINING			
Nominated Radiation Protection Officer satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that the nominee has appropriate qualifications and experience for the position and has appropriate authority to undertake the required duties and responsibilities.
Nominated Qualified Expert satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that the nominated QE has appropriate qualifications and experience
Responsible medical practitioner satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that the nominated medical practitioner has appropriate qualifications and experience.
Radiographers appropriately qualified?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that the radiographers employed (or contracted by) the applicant have appropriate qualifications and will be supervised by an appropriately qualified medical practitioner.
Other personnel appropriately trained and supervised?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that other personnel have appropriate training and will be adequately supervised.
FACILITIES, SOURCES AND EQUIPMENT, TRANSPORT			
Premises satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that the design and construction of the premises, the siting of the x-ray equipment and the provision of operator protective barriers, etc. will ensure at least the minimum prescribed level of worker and public radiation safety.
Qualified Expert Report provided?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> A report is required to demonstrate that the premises are constructed to ensure compliance with the dose and dose rate limits prescribed by the regulations. The report will also address all safety related matters including working rules for the operation of the x-ray equipment, warning signs and lights, disposal of unwanted equipment, etc.
QE report satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	The report may need to be reviewed by an external expert if the Authority does not have internal expertise.
X-ray equipment complies?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Does the x-ray equipment comply with relevant design and performance standards eg IEC? Will the equipment be used for x-ray examinations appropriate to its designed purpose?

ITEM	YES	NO	NOTES and ACTIONS
Equipment subject to regular maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Is the x-ray equipment subject to maintenance at intervals prescribed by the manufacturer? Is service undertaken by authorized personnel?
Access to x-ray equipment?	<input type="checkbox"/>	<input type="checkbox"/>	Are appropriate measures in place to control access to and prevent use of the x-ray equipment by unauthorized persons (<i>eg restricting the use of fluoroscopic equipment to appropriately trained medical practitioners</i>)?
Darkroom, film / image processing equipment satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Is the darkroom light proof and properly safelit? Will the applicant be using appropriate and satisfactory film / image processing equipment
Protective aprons, gloves, patient immobilization and protective devices satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Are there sufficient numbers of lead protective aprons and gloves; do they comply with the relevant standard (eg IEC)? Does the applicant possess patient protective devices and enforce their use where these will not interfere with the examination?
Disposal of unwanted x-ray equipment?	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant have procedures in place to ensure that unwanted x-ray equipment is transferred only to an appropriate licensee unless otherwise approved by the Authority?
JUSTIFICATION, OPTIMIZATION, RESEARCH			
Are there appropriate protocols for ensuring overall patient protection and safety in the prescription of, and during the performance of diagnostic procedures	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> These matters are the responsibility of the designated medical practitioner. Guidelines on entrance surface doses during diagnostic radiology should be available from the relevant professional body. Protocols should describe the procedures required to perform the examination as well as working rules to properly identify patients and to ensure safety for the patient, staff and public. Protocols should also explain procedures for pregnant or potentially pregnant patients and for examinations of children
Has the applicant taken action to determine typical patient doses for comparison to guideline values?	<input type="checkbox"/>	<input type="checkbox"/>	The applicant's QE will determine typical patient doses for comparison to guideline values published by an appropriate professional organization or prescribed by the Authority.
Research procedures and protocols satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	If research is performed that involves the exposure of patients or volunteers, the applicant must show that they act on advice from an acceptable Ethical Review Committee and will comply with the provisions of the Helsinki Declaration and the guidelines prepared by the Council for International Organizations of Medical Sciences and the World Health Organization,

ITEM	YES	NO	NOTES and ACTIONS
Screening protocols satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>Mass screening of population groups involving medical exposure is not justified unless the expected advantages for the individuals examined or for the population as a whole are sufficient to compensate for the economic and social costs, including the radiation detriment.</i></p> <ul style="list-style-type: none"> If the applicant intends providing screening examinations (eg chest, mammography, bone density, etc) is there evidence that account has been taken to justify the potential of the screening procedure for detecting disease, the likelihood of effective treatment of cases detected and, for certain diseases, the advantages to the community from the control of the disease?
Pre-employment, legal or administrative radiography policy satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>Any radiological examination for occupational, legal or health insurance purposes undertaken without reference to clinical indications is not justified unless it is expected to provide useful information on the health of the individual examined or unless the specific type of examination is justified by those requesting it in consultation with relevant professional bodies.</i></p>
OCCUPATIONAL AND PUBLIC EXPOSURE			
Applicant's protocols ensure that occupational and public radiation doses will comply with the prescribed limits?	<input type="checkbox"/>	<input type="checkbox"/>	Does the applicant properly discriminate between occupationally exposed and non-occupationally exposed employees and the public who may be in the vicinity when radiation is used?
Arrangements for Personal Radiation Monitoring comply?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Has the applicant provided satisfactory information on the numbers and types of personal monitoring devices that will be used (film badges, TLD, OSL, personal alarms, etc)? Has the applicant made suitable arrangement for keeping personnel regularly and routinely informed of their recorded occupational radiation dose? Is the stated monitoring period (frequency) satisfactory?
Personal Monitoring Service Provider is approved?	<input type="checkbox"/>	<input type="checkbox"/>	Is the personal monitoring service provider approved by the Regulatory Authority
WORKING RULES, RECORDS, EMERGENCY PROCEDURES, AUDITS,			
QA and Working Rules satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Are the applicant's working rules and QA program (including image receptors, film / image processors, repeat analysis, etc) satisfactory?
Routine audit program satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> The licensee audits the RPP at suitable intervals? The licensee / RPO regularly (and without notice) audits radiation safety practices of its personnel?

ITEM	YES	NO	NOTES and ACTIONS
Accident / incident plans satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Are the applicant's procedures for dealing with accidents and incidents appropriate? • Personnel appropriately trained with regard to the requirements for notifying accidents / incidents?
Records satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Has the applicant made suitable arrangements for maintaining records (inventory, occupational dose records, audits, etc)?
If a renewal, are there any outstanding items of non-compliance and/or is legal action being considered Authority?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, the application should be discussed with the assessor's supervisor to determine an appropriate course of action
If all matters have been satisfactorily completed, the application is to be forwarded to the assessor's supervisor and then to the officer authorised to sign the application			

COMMENTS		
	Signature	Date



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FIRST APPLICATION **RENEWAL** **DATE RECEIVED** ____ / ____ / ____

NAME OF APPLICANT _____

SUPERVISOR

ITEM	YES	NO	NOTES and ACTIONS
Review and Assessment Procedures Satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	Check that the Assessing Officer has completed all relevant sections, that the fee, authorization period, applicant's name, licensed location(s) and purpose(s) are correct and an authorization number and expiry date are stated.
Authorization can be approved?	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that any attached conditions, restrictions or limitations imposed on the authorization are appropriate before the authorization is signed.
Inspection Personnel Informed?	<input type="checkbox"/>	<input type="checkbox"/>	Inspection personnel advised of the application for inclusion in the inspection program

COMMENTS		
		Signature
		Date