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RPA-AUTH/FRM-01/XREF/10

RADIATION PROTECTION AUTHORITY OF ZIMBABWE

RADIATION PROTECTION ACT (CHAPTER 15:15)

INSTRUCTIONS:

- (i) Provide ALL the requested information.
- (ii) Information in item numbers 2 to 4 should be provided for each equipment/facility.
- (iii) Tick appropriate box.
- (iv) Use separate sheets where necessary.

NOTE: The Authority may require additional information to fully consider this application prior to issuing a license.

The following documents should be attached to this form:

- (i) Certificate of radiation safety training for the Radiation Safety Officer (RSO).*
- (ii) Allied Health Practitioners Council of Zimbabwe (AHPCZ) registration and current/valid practicing certificates for all applicable professions.*
- (iii) Academic certificates of training for the Radiographer/X-ray Operator and a copy of the Curriculum Vitae.*
- (iv) A copy of the Radiation Protection Program (RPP).*

APPLICATION FOR AUTHORIZATION TO USE X-RAY EQUIPMENT AND FACILITIES

1. GENERAL INFORMATION

(a) Name of Applicant/Institution:

Address:

Telephone No.

Fax No.

E-mail

(b) Type of license Application: New Amendment renewal

(c) Purpose of application: Construction use/operation

(d) Name and Title of the head of Institution:

(e) Person responsible for radiation safety:

Name:

Title:

2. EQUIPMENT

a) X-ray Machine

Tube details

Manufacturer/Address/Workload	Model No.	Serial No.	Max. Voltage kV	Max. Current (mA)
Name [redacted] Address: [redacted] [redacted] Max output: [redacted] Exposure time per week: [redacted] Workload: mA-min per week [redacted]				
Name [redacted] Address: [redacted] [redacted] Max output: [redacted] Exposure time per week: [redacted] Workload: mA-min per week [redacted]				

Xray generator details

Manufacturer/Address/Workload	Model No.	Serial No.	Max. Voltage kV	Max. Current (mA)
Name [redacted] Address: [redacted] [redacted] Max output: [redacted] Exposure time per week: [redacted] Workload: mA-min per week [redacted]				

Collimator and/or bucky details

Manufacturer/Address/Workload	Model No.	Serial No.	Max. Voltage kV	Max. Current (mA)
Name [redacted] Address: [redacted] [redacted] Max output: [redacted] Exposure time per week: [redacted] Workload: mA-min per week [redacted]				
Name [redacted] Address: [redacted] [redacted] Max output: [redacted] Exposure time per week: [redacted] Workload: mA-min per week [redacted]				

b) Device standards

- I. If available provide information on whether equipment to be used has been manufactured, prototype tested to quality standard recognized by SAZ, ISO or IEC.
- II. If the answer above is Yes, provide the standards and any applicable classification numbers.

[Redacted area]

c) Is the type of installation of the x-ray machine fixed or mobile?.....

[Redacted area]

d) Location of the device

Provide the details of a location in which the device will be used:

- i. Name of unit/department [Redacted]
- ii. Building and room no. [Redacted]
- iii. Place [Redacted]
- iv. Town [Redacted]

e) Provide details of any other location where device will be used

- i. Name of unit/department [Redacted]
- ii. Building and room no. [Redacted]
- iii. Place [Redacted]
- iv. Town [Redacted]

f) Service and Maintenance

List all who will be authorized to provide service and maintenance on the x-ray equipment at your facility.

Provide a copy of any service/maintenance agreement between your Institution and the provider.

3. FACILITIES

- a) Shielding and Design of X-ray room and facilities

Attach a layout plan of the x-ray facility showing the x-ray rooms, including the location of the control panel, shielded cubicle/mobile protective barrier, cassette pass box, doors, windows/ventilators, dark room, passages, patient changing room, patient waiting area, occupancies around the installation and materials and thickness of wall materials.

- b) Provide estimates of maximum dose rates expected in all areas outside the x-ray room(s), which could be occupied for all possible orientations of the x-ray tube during use, provide a statement of all assumptions made.

4. RADIATION PROTECTION AND SAFETY PROGRAM

As an attachment to this application describe the radiation protection and safety program of the facilities, including:

- a) Organizational structure

- i) Describe your organization structure and management control systems including assignment of responsibilities related to radiation safety, include staffing levels, equipment selection criteria, the duties, and responsibilities of the radiation safety officer to stop unsafe operations, personnel training and maintenance of records.
- ii) Provide information on planned on the job training including explanation of written procedures, use of equipment, quality assurance measuring warning lights and signs and radiation protection and safety program of the facility.

- b) Personal Monitoring and Classification and Monitoring of working areas.

- i) Describe your program of monitoring of work areas and indicate the radiation quantity to measured, where and when and at what frequency the measurements will be made. Also indicate the methods and procedures to be followed, reference levels to be adopted and appropriate actions to be taken if these levels are exceeded.
- ii) Describe your policies and procedures for classification of controlled and supervised area.
- iii) Indicate which personal dosimeters will be provided to workers?

- A- Film Badge
B- TLD
C- Pocket Dosimeters
D- Others

c) Local Rules and Supervision

- i) Describe your local rules and procedures concerning investigation levels or authorized levels; protective measures and safety provisions, providing adequate supervision, provision of information to workers regarding health risks due to occupational exposure and emergency planning and response instructions.
- ii) Describe your training program to ensure that all appropriate staff are adequately trained in the operating procedures.
- iii) Describe your policies regarding notification by female workers of pregnancy and the instruction you will provide to female workers.

d) Quality Assurance


- i) Describe your program to periodically review procedures maintain procedures, current and available, and your procedure modification process.
- ii) Describe your program for optimizing occupational and public exposures to levels as low as reasonably achievable.
- iii) Describe your program of periodic maintenance.

5. EMERGENCY PROCEDURES

Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged



6. SIGNATURE AND CERTIFICATION

I  certify that all information provided therein, including any attachments are true and correct to the best of my knowledge*.



Signature of authorized representative of the legal person

Title:

Date

FOR OFFICIAL USE ONLY

(i) Date at which application form was received

(ii) Date of evaluation.....

(iii) Decision: Granted/Denied.....

(iv) License/ Registration No.

(v) General remarks and/or Comments

[Redacted area]

** It is an offence in terms of the Radiation Protection Act [Ch 15:15] Section 20 (1)(d) and (e) to withhold any information to the ownership or management of a radiation source or give information which he knows to be untrue or has no reason to believe to be true.*

