



DIAGNOSTIC RADIOLOGY MEDICAL FACILITIES AUTHORISATION FORM

FOR OFFICIAL USE ONLY

Institution:

RAIS NO.	Application receipt date	Application evaluation date	Authorization Number

INSTRUCTIONS

Please complete ALL SECTIONS providing as much detail as possible. *For electronic submissions, if the space provided on this form for any response is insufficient, please submit your responses on a separate Word or PDF document.*

SUBMISSION OF APPLICATION

The completed application form, proof of payment and all accompanying documentation to be submitted electronically to:

E-mail: licensing@rpaz.co.zw or igorondondo@rpaz.co.zw or ctichareva@rpaz.co.zw or cmangani@rpaz.co.zw

Physical Address: Radiation Protection Authority of Zimbabwe; 18 Armadale Road, Borrowdale, Harare, Zimbabwe.

Telephone: (0242) 335627/ (0242) 304982

TYPE OF LICENSE

- Fixed, Mobile and Portable Xray systems
- Fluoroscopy systems/Image intensifiers (C-arms)
- Mammography systems
- Bone densitometer systems
- Dental Xray machines
- Veterinary Xray machines
- CT Scanners
- Other _____

NB: The following documents should be attached to this form:

- (i) *A copy of current Quality Control (QC) test results performed on radiation-generating equipment – N/A for dental and VET facilities.*
- (ii) *Certificate of radiation safety training for the Radiation Safety Officer (RSO).*
- (iii) *Allied Health Practitioners Council of Zimbabwe (AHPCZ) registration (For new applications) and current practicing certificates (all renewals) – N/A for dental and VET facilities.*
- (iv) *Academic certificates of training for the Radiographer/X-ray operator and a copy of Curriculum Vitae (for new applications) – N/A for dental and VET facilities.*
- (v) *A copy of the Radiation Protection Program (RPP) – Not mandatory for dental and VET facilities.*
- (vi) *Application form for personnel monitoring badges (dosimeters) – Not mandatory for dental and VET facilities - Form attached on page 8.*

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



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

“...Protecting People and the Environment from the Harmful Effects of Radiation...”

1.	Type of license Application <i>(Please tick where appropriate. Indicate whether it is Renewal or Store and Possess)</i>	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
		<input type="checkbox"/> Use <input type="checkbox"/> Store and Possess	<input type="checkbox"/> Use <input type="checkbox"/> Store and Possess
2.	Purpose of application (e.g. diagnostic, therapy)		
3.	Name of Institution		
4.	Address of Institution		
5.	Telephone No	Cell No.	E-mail
6.	Name and Title of the Head of Institution		
	Full Name	Cell No.	E-mail
7.	Certified Radiation Safety Officer Details		
	Full Name		Title
8.	Cell No		E-mail
9.	Academic Qualifications		
10.	Professional experience (Number of Years)		Professional Registration Number (e.g. AHPCZ, CVSZ)
11.	<i>RPAZ RSO Training (Indicate year of training and attach training certificate)</i>		Year of Certification
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
12.	Legal Person Details		
	Full Name		Title
13.	Cell No		E-mail



RADIATION PROTECTION AUTHORITY OF ZIMBABWE

"...Protecting People and the Environment from the Harmful Effects of Radiation..."

14.	Qualified Radiation Experts Details (e.g., Radiologist, Medical Physicists, Diagnostic Radiographers, X-ray Operators, Technologists, Technicians, Engineers etc.)					
	Name	Designation	Qualification	Certification	Experience (Years)	Professional Registration No.
a)						
b)						
c)						
d)						
e)						
f)						
g)						
h)						
i)						
j)						

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15. Equipment/Machine details								
	Type of Equipment i.e. CT, Xray, Mammography etc.	Xray Tube Model Number	Xray Tube Serial Number	Xray Generator Model Number	Xray Generator Serial Number	Max Voltage (kV)	Max mA or mAs	DR, CR Or dark room
a)								
b)								
c)								
d)								
e)								
f)								
16.	Type of installation of the x-ray machine (fixed or mobile)							
17.	Device standards	(a) If available provide information on whether equipment to be used has been manufactured, prototype tested to quality standard recognized by SAZ, ISO or IEC.		(b) If the answer above is Yes, provide the standards and any applicable classification numbers. Standard _____ Classification No. _____ Other information. _____				
18. Workload for each equipment								
	Number of exams per week (estimate)	Maximum Exposure (kV)	Maximum Exposure (mAs or mA)	Average Exposure time (s)	Expected dose rate behind control console (For official use only)	Allowable tolerance (For official use only)		
a)								
b)								

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19.	Service and Maintenance	
<p>State-authorized personnel/ organization authorized to provide service and maintenance on the x-ray equipment at your facility.</p> <p><i>Provide a copy of any service /maintenance agreement between your Institution and the provider – N/A for dental and VET facilities.</i></p>	<p>Organization (Service Provider)</p> <p>Name: _____</p> <p>Telephone No. _____</p> <p>Email _____</p> <p>Physical Address _____</p> <p>_____</p>	<p>Personnel (Service Provider)</p> <p>Name: _____</p> <p>Telephone No _____</p> <p>Email _____</p> <p>Physical Address _____</p> <p>_____</p>

20.	Location of the device	
	Provide the details of a location in which the device will be used	
	Name of unit/department	
	Building and room no.	
	District /Town	
21.	Other Locations where the Device will be used	
	Name of unit/department	
	Building and room no.	
	District /Town	

22.	Shielding and Design of X-ray room and facilities (Requirements)	
<p>Facility Layout Plan <i>(attach layout Plan) – N/A for dental and VET facilities.</i></p>	<p><i>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, doors, windows/ventilators, dark room, passages, patient changing room, patient waiting area, occupancies around the installation and materials and thickness of wall materials.</i></p>	



23.

RADIATION PROTECTION AND SAFETY PROGRAM(Requirements)

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

Organizational structure

- a. 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.

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 be 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 the classification of controlled and supervised areas.
- 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; providing 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.



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e. Emergency Procedures

- i. Attach/provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged.

DECLARATION

(To be signed by the Head of the Institution or the legal person)

I hereby declare that the information provided on this form and in support of this application is complete and true and that I have read and understood the *Radiation Protection Act [Chapter 15:15]*. I understand that all statements and representations made in this application and on supplementary documentation are binding to the applicant. I also understand that the Authority may require additional information to consider this application prior to issuing a license.

Name: _____

Signature: _____ Date: _____

[END OF APPLICATION]

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Date at which application form was received	
Date of evaluation	
Decision: Granted/Denied	
License/ Registration No	
General Remarks and/or Comments	

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.

APPLICATION FOR PERSONAL MONITORING DEVICES (DOSIMETER BADGES)

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24	Details Of Workers Requiring Personal Monitoring				
	<i>N.B: For dosimetry inquiries, contact the following:</i> omatinhe@rpaz.co.zw , pmudzingwa@rpaz.co.zw , nsibanda@rpaz.co.zw , cchikwava@rpaz.co.zw				
a.	Name of institution		Physical address of the institution		
b.	Name of Radiation Safety (RSO)		Telephone Number(s) of RSO		Email address of RSO
c.	Name	Date of Birth (DD/MM/YYYY)	I.D Number	Occupation	Gender
	1.				
	2.				
	3.				
	4.				
	5.				

DECLARATION (To be signed by the Head of the Institution or the legal person)

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Name: _____

Signature: _____ Date: _____

[END OF APPLICATION]