

Checklist for submission of application form for Registration

*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:

PART B
DETAILS OF THE EQUIPMENT

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

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

B.3 Type of Equipment

- 1) Radiography fixed/ R&F combined/ Radiography (Mobile)/ Mammography/ C-arm/ dental/BMD/
- 2) others (please specify)

B.4 Purpose

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

B.5 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. 6 Quality Assurance report enclosed:

YES/NO

If QA report is not enclosed with this application, Quality Assurance tests on the X-Ray machines to be conducted within six months from the date of application and records to be maintained with the institution.

B. 7 Layout report is enclosed (applicable only for fixed installations):

YES/NO

B. 8 AVAILABILITY OF RADIATION PROTECTION ACCESSORIES

1. Red light, X-Ray Caution Symbol and Warning Placards
2. Lead aprons
3. Quality Assurance kit (optional)

B.9 WORK LOAD DETAILS

Name of Examination	No. of patients/day	mAs/exposure	kV
Chest			
Abdomen			
Extremities			
Skull			
Spinal			
Special Procedures			

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		Attach copy			

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 D

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) 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 (type of x-ray unit) x-ray 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: _____

Date: _____

Signature of the service engineer

Name

Designation

Company

SEAL OF THE COMPANY

PART E
LAYOUT AND SHIELDING DETAILS OF MEDICAL X-RAY INSTALLATION

Name of the hospital:

Type of equipment:

Model name:

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 (cm)
Wall A			
Wall B			
Wall C			
Wall D			
Entrance Door			
Any other door			
Window, if any, if at the height less than 2 m from outside finished floor of x-ray room			
Floor			
Ceiling			

	Check list to be filled by applicant	Status
1	All the walls are identified and distances of walls from the centre of the couch/equipment are indicated in the layout drawing	<input type="checkbox"/>
2	Layout drawing indicates the location of the mobile protective barrier	<input type="checkbox"/>
3	Layout drawing indicates x-ray machine, couch, control panel/ control room, chest stand, windows, doors, make and model of the x-ray equipment.	<input type="checkbox"/>
4	Layout drawing is signed and stamped by the applicant.	<input type="checkbox"/>
5	Layout drawing is authenticated by supplier.	<input type="checkbox"/>
6	The layout drawing is as per values filled in the above table.	<input type="checkbox"/>
7	Chest Stand is on the opposite wall of control console and entrance door	Yes/ No
8	If NO whether, a permanent protective barrier is placed between operator and chest stand	<input type="checkbox"/>
9	Height of the window from outside finished floor of x-ray room is > 2 m	Yes/ No
10	If No, whether shielding is provided on the window up to 2m	Yes/ No
11	No permanent occupancy behind chest stand is ensured	Yes/ No

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

Verified by:

Name:

Signature of applicant

Signature of the supplier

Name

Designation

Company

