



RADIATION PROTECTION AUTHORITY

LICENSING REQUIREMENTS

## (General Diagnostic Radiography)

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1. Type of application

- New ☐
- Renewal ☐

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2. ADMINISTRATIVE INFORMATION

2.1. Indicate the name and title of the legal Representative(i.e the head of the institution) of the facility

.....  
*Also fill in there following details:*

Fax:

Tel:

Email:

*[New applicants to attach PACRA Registration]*

2.2. State the full name, qualifications, training, experience and contact details of the Medical Practitioner (MP) who will be responsible for ensuring overall patient protection and safety in the prescription of, and during performance of, the nuclear medicine procedures

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*Also fill in there following details:*

Fax:

Tel:

Email:

*(Attach a copy of registration certificate from HPCZ and radiation protection training certificate)*

2.3. State the name of the Radiation Protection Officer

.....  
*Also fill in there following Details:*

Fax:

Tel:

Email:

*(Attach a copy of registration certificate from HPCZ and radiation protection training certificate)*

- 2.4. State the full name, qualifications, training, experience and contact details of the person nominated to be the operator's qualified expert (i.e.. the person who will advise the operator on radiation safety and perform regular audits of the operator's radiation protection programme). Attach the nominee's CV together with copies of supporting documentation.

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*Also fill in there following Details:*

Fax:

Tel:

Email:

*(Attach a copy of registration certificate from HPCZ and radiation protection training certificate)*

### 3. TECHNICAL INFORMATION

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- 3.1. State the purpose for which the radiation sources are to be used (e.g. radiography, fluoroscopy, computerized tomography (CT), digital subtraction, angiography, dental intraoral, dental panoramic, mobile fluoroscopy, mobile radiography, etc.)

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- 3.2. State the details of the radiation devices in your facility (use supplementary form 2 from RPA and attach it to this form once filled-Please indicate below **"same as previous year"** if you have not made any amendments)

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### 4. WORKER PROTECTION

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#### 4.1. Qualified experts

- 4.1.1. State qualifications, training and experience of medical practitioner(s), radiographer, radiography technology, nursing staff and others, including their initial and ongoing radiation safety training, and the supervision by appropriately qualified medical practitioner(s) of those personnel who operate the X- ray equipment.

Table 1.0: Qualification of workers (Please indicate the professions)

No.	Name	Qualification	Experience	PHONE

*(Attach a copy of registration certificate from HPCZ and radiation protection training certificate)*

#### 4.2. Classification of areas

4.2.1. Have you designated controlled and supervised areas?

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 .....

4.2.2. Have you delineated the controlled and supervised area by physical means or other means?

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 .....

#### 4.3. Exposure assessment

4.3.1. Do you have adequate arrangements with dosimetry laboratory for assessment of occupational exposures of its worker (Use SUPPLEMENTARY FORM 3 to provide names of all occupationally exposed workers and their dosimeter numbers)

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 .....

4.3.2. State the Service provider for dosimetry service(if not Radiation Protection Authority)

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*(If service provider is not Radiation Protection Authority kindly attach copies of the dose records from your service provider)*

#### 4.4. Work place monitoring

4.4.1. Do you have and maintain and keep under review a programme for monitoring of the workplace commensurate with the nature of, and the risks associated with the sources?

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4.4.2. Do you have survey instruments?(kindly provide details)

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 .....

4.4.3. Are the survey instruments calibrated at regular intervals?(attach calibration certificates)

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4.4.4. Do you keep record and findings of the of the workplace monitoring programme?

#### 4.5. Training of workers

4.5.1. Provide details of radiation safety training and re-training program

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#### 4.6. Health surveillance

4.6.1. Are the workers under a health surveillance program?

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#### 4.7. Disposal / decommissioning of radiation sources

4.7.1. Do you have written plan for disposal of radiation sources/ decommissioning of equipment?

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### 5. PATIENT PROTECTION

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#### 5.1. Justification

5.1.1. Are all medical examinations prescribed by the Medical practitioner?

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5.1.2. State the full name, qualifications, training, experience and contact details of the medical practitioner (s) who will be responsible for ensuring overall patient protection and safety in the prescription of, and during the performance of, diagnostic X-ray procedures.

.....  
*Also fill in there following Details:*

Fax:

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Tel:

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Email:

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*(Attach a copy of his registration certificate from HPCZ and his radiation protection training certificate)*

#### 5.2. Rules, Procedures and protocols

5.2.1. Do you have written working rules for the X- ray procedures to be undertaken for:

5.2.1.1. Identification of patients?

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5.2.1.2. Identification of pregnant women?  
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5.2.2. Written protocols for determining patient radiation doses?  
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## **6. QUALITY ASSURANCE PROGRAM**

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6.1. Do you have a written quality assurance program?  
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6.2. Do have written repair / procedures for maintenance of the equipment?  
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## **7. PROTECTIVE ATTIRE**

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7.1. Do you have any radiation shielding protective clothing? if Yes kindly indicate the clothing?  
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## **8. EMERGENCY PREPAREDNESS AND RESPONSE PLAN:**

8.1. Do you have a written emergency plan for dealing with different types of emergencies including the range of safety equipment available?  
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## **9. PUBLIC PROTECTION**

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### **9.1. Control of visitors**

9.1.1. Do you have instructions to accompany visitors in controlled area by a person knowledgeable about radiation?  
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9.1.2. Do you provide adequate information and instruction to visitors before they enter a controlled area?  
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9.1.3. Is entry of visitors to a controlled area restricted?  
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9.1.4. Are appropriate warning signs posted in the controlled area?

## 9.2. Warning system

9.2.1. Are radiation warning symbols / signs provided at access points of radiation sources?

9.2.2. Are there warning notices at access points?

## 9.3. Sources of exposure

9.3.1. Is there adequate shielding to keep public exposure as low as reasonable achievable?(radiation survey results)

9.3.2. Are their protective measures to restrict public exposure?

# 10. SYSTEMS OF RECORDS

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10.1. Do you keep records of:

10.1.1. Dosimetry results?

10.1.2. Area surveys?

10.1.3. Health surveillance?

10.1.4. Calibration of survey instruments?

10.1.5. Audits?

10.1.6. Training?

# 11. RADIATION PROTECTION AND SAFETY PROGRAMME

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[This section applies to:

- *First applications ; and*

- *Application for renewals which did not no submit the programme during first application]*

11.1. Submit a Radiation Protection and Safety Programme addressing all aspects of radiation safety at your facility. The RPSP should include but not limited to the following:

- 11.1.1. Organizational structure
- 11.1.2. Design and layout the X-ray rooms
- 11.1.3. Radiation Safety Training
- 11.1.4. Workplace monitoring
- 11.1.5. Personnel Dosimetry Service
- 11.1.6. Local rules and supervision
- 11.1.7. Quality assurance
- 11.1.8. Emergency procedures
- 11.1.9. Disposal of the x-ray device
- 11.1.10. System of records

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Signature of applicant (legal person)

.....  
Name (Please print)

.....  
Date