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

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Checkpoints</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Application form is completely filled, duly signed and stamped</td>
<td>YES/NO</td>
</tr>
<tr>
<td>2</td>
<td>Address for correspondence is correctly mentioned with pin code (courier doesn’t reach without pin code)</td>
<td>YES/NO</td>
</tr>
<tr>
<td>3</td>
<td>Name of related medical practitioner, operator and RSO is given in the staff list</td>
<td>YES/NO</td>
</tr>
<tr>
<td>4</td>
<td>TLD badge numbers of radiation workers are provided in the staff list</td>
<td>YES/NO</td>
</tr>
<tr>
<td>5</td>
<td>Copy of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Valid Type Approval/NOC is enclosed</td>
<td>YES/NO</td>
</tr>
<tr>
<td></td>
<td>b) For nominated RSO, latest qualification certificates are enclosed</td>
<td>YES/NO</td>
</tr>
<tr>
<td></td>
<td>c) QA report is enclosed</td>
<td>YES/NO</td>
</tr>
<tr>
<td>6</td>
<td>Layout report and 2 copies of layout are enclosed</td>
<td>YES/NO</td>
</tr>
<tr>
<td>7</td>
<td>Undertaking/declaration has been duly signed and stamped</td>
<td>YES/NO</td>
</tr>
</tbody>
</table>

Place: ___________________________  Signature: ___________________________

Date: ___________________________  Name of the Applicant: ___________________________
APPLICATION FOR REGISTRATION OF DIAGNOSTIC X-RAY EQUIPMENT
[RADIOGRAPHY / RADIOGRAPHY & FLUOROSCOPY (R&F) / DENTAL/
ORTHO-PANTOMOGRAPHY (OPG) / MAMMOGRAPHY / BONE DENSITOMETER]

a) This Application would be considered by the competent authority for issuance of relevant consents, under the Atomic Energy (Radiation Protection) Rules, 2004.

b) The duly filled-in form should be sent to Head, Radiological Safety Division, (RSD) AERB, Niyamak Bhavan, Anushaktinagar, Mumbai – 400094 with the necessary documents.

c) Incomplete applications and those without all relevant documents are liable to be rejected.

d) All the forms pertaining to this facility can be downloaded from the website www.aerb.gov.in

e) Attach extra sheets wherever required

PART A
GENERAL PARTICULARS

A.1 Name of the institution:

Address of the institution (for correspondence):

Telephone No  
Fax No.

Institution Personnel Monitoring Number:

A.2 Name of the Head of the institution $:

Telephone No  
Mobile no

Fax No.  
Email

A.3 Name and designation of the applicant #:

Telephone No.

Mobile No

Fax No.  
Email

(Registrant is also designated as RSO)

A.4 In case applicant wish to nominate another Radiological Safety Officer (RSO)*, Name and Designation

Telephone No.

Mobile No.

Fax No.  
Email

RSO Approval reference No.:  
Valid up to

A.5 Address of installation of the X-ray equipment:

# Applicant is the person in whose name the licence to handle the source may be issued, under AERPR-2004, and would have the responsibilities of “licencee” prescribed in AERPR-2004 and should be a full time employee of the institution

$ The head of the institution is the person who would have the responsibilities of “employer” prescribed in RPR-2004

* RSO is the person who is so designated by employer and approved by competent authority and have the responsibilities of “Radiological Safety Officer”.
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)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Type of equipment</th>
<th>Model Name</th>
<th>Supplier Name</th>
<th>Date of installation</th>
<th>NOC / Type Approval No. (attach copy)</th>
<th>Max kVp</th>
<th>Max mA/mAs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>No. of patients/day</th>
<th>mAs/exposure</th>
<th>kV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART C
STAFF DETAILS (Please attach separate list if required)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Academic/Professional Qualification</th>
<th>Experience</th>
<th>PMS (TLD Number)</th>
<th>Full time /Part time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Related medical practitioner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RSO designate</td>
<td>Attach copy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UNDEARTAKING 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
Date

Signature of Registrant/ RSO
Name of Registrant/ RSO
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 l/ we hereby accept that appropriate regulatory actions may be initiated against me/us and our institution, in accordance with the applicable Rules.

Place: ___________________  
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: ___________________  
Signature of the service engineer  
Date: ___________________  
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)

<table>
<thead>
<tr>
<th>Wall Identification</th>
<th>Distance from exposure area (from centre of the couch)</th>
<th>Material used for shielding</th>
<th>Thickness of the shielding material (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wall A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entrance Door</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other door</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window, if any, if at the height less than 2 m from outside finished floor of x-ray room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceiling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check list to be filled by applicant

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

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: ____________________________