

UNITED REPUBLIC OF TANZANIA

Form TAEC - 3

Tanzania Atomic Energy Commission
P.O. BOX 743,
ARUSHA.

ATOMIC ENERGY ACT (No.7 of 2003)
(PART III SECTION 18 AND 20)

- INSTRUCTIONS: (i) Provide ALL the requested information
(ii) Information in item numbers 2 to 4 should be provided for each equipment/facility. Use page duplicates
(iii) Tick appropriate box, and use separate sheet where necessary

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

APPLICATION FOR AN AUTHORIZATION TO POSSESS AND USE A
RADIOTHERAPY SOURCE(S)

1. GENERAL INFORMATION

- (a) Name of Applicant/Institution:
Address:
Telephone No. Fax No. E-mail
(b) Classification of the Applicant: Government Non-government
(c) Type of license application: New Amendment renewal
Year:
(d) Purpose of application: Construction use/begin operation
(e) Name and Title of the head of Institution:
(f) Person responsible for radiation safety:
Name: Title:
Qualification: Certification:
Experience:

(g) Radiation qualified experts (e.g. Radiation Oncologists, Radiologists, medical physicists, etc.)

<u>Name</u>	<u>Title</u>	<u>Qualification</u>	<u>Certification</u>	<u>Experience</u>	<u>Registration No.</u>
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(h) Other classified workers that will be responsible for the equipment (e.g. Technologists, Technicians, nurses, dieticians, social workers etc)

<u>Name</u>	<u>Title</u>	<u>Qualification</u>	<u>Certification</u>	<u>Experience</u>	<u>Registration No.</u>
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(i) Proposed date of commissioning of facility (*for new applications*):

External beam therapy:

Brachytherapy:

2. SOURCES AND EQUIPMENT

Type: Accelerator Gamma

(a) External beam therapy:-

Name of manufacturer:

Address:.....

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Model No. and name:

Country of manufacture:

Year of manufacture:

Type of gantry: Stationary rotary

Output Gy/min:.....

Describe the movement of treatment table:.....

(i) For Gamma Units: Radionuclide:..... Model No. of Source:.....
 Initial activity of the source:.....
 Maximum design activity:.....
 Total activity installed:.....
 Type of source carrier or shutter (exposure mechanism):.....

 Supplier of the source(s) and address.....

(ii) For Accelerator:
Type of radiation Maximum energy(MV) Maximum Current(mA)

(b) Brachytherapy:

(i) Equipment

Manufacturer	Model No	Radionuclide	Type of loading: Manual (M) Remote (R)	Dose rate: High (H) Low (L)	Number of channels (Remote)	Maximum Activity
			M R	H L		
			M R	H L		
			M R	H L		
			M R	H L		

(ii) Sources

Manufacturer	Model No.	Radionuclide	Physical type: Ribbon (R) Wire (W)	Physical dimensions and shape	Total activity (per cm for wires and	Number of sources: (total activity for wire)

			Individual (I)		ribbons)	

3. Standards:

Indicate to which IEC and ISO standards does the equipment and sources used for medical exposure conform:

Equipment:.....

Are prototype test certificates available: Yes No ; if yes attach copies

Sources:.....

Are source certificates available: Yes/No; if yes attach original copies

4. Services and maintenance

Identify who will be authorized to perform the service and maintenance of the equipment:

Name:..... Authorization reference No:.....

Organization:..... Address:.....

Telephone Number:.....

5. Location of equipment/Sources

Provide the details of the location of equipment/sources

(a) External beam therapy

(i) Name of Unit/Dept..... bldg No:... Room No:... Floor (if applicable).....

(ii) Place: land reg.No./plot No.....

(iii) Location;;Town..... street:..... ward:.....

(iv) District:.....; Region:.....

(b) Brachytherapy

(i) Name of Unit/Dept..... bldg No:... Room No:... Floor (if applicable).....

(ii) Place: land reg.No./plot No.....

(iii) Location;;Town..... street:..... ward:.....

(iv) District:.....; Region:.....

6. Layout of the installation

(a) Describe factors such as the lay out of the facility and its safety systems including (i) Building materials, (ii) Alarm, (iii) Shielding, (iv) Engineering controls (e.g. interlocks, warning safety devices, emergency stop button,

prevention of unauthorized personnel entering area, means of escape or communication from within enclosure etc.)

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(b) Safety assessments:

(i) Taking into account of shielding, provide calculation of maximum dose rates in all adjacent areas outside the installation:.....
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(ii) Provide estimates of the magnitude of the expected doses to persons during normal operations:
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(iii) Identify the probability and magnitude of potential exposures arising from accidents or incidents.....
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(Attach a layout drawing of the installation showing adjacent surroundings with controlled and supervised areas clearly identified).

7. Security and safety of radiation sources.

Describe measures to be undertaken to ensure the security and safety of radiation sources during:

Use.....
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transport
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storage:.....
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8. Radioactive waste management:

How will the generated radioactive wastes be managed?

(a) Source(s) returned to the supplier: Yes No ; If yes attach a copy of the agreement; if no

(b) how will it be managed in the country?

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9. Emergency procedures:

Is an emergency plan available? Yes No ; If yes, attach the summary of the plan and related information e.g. organization , implementation etc.

10. Other radiation protection and safety requirements:

(i) Occupational and public exposures control: Describe your program for monitoring your work place (e.g. dose rate measurements, leak tests etc.) including any dose constraints to be applied,

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(ii) Medical exposures control: Describe your program for ensuring the radiation protection of patients and/or comforters during treatment with reference to the patient flow in your department (e.g. diagnosis, prescription, simulation, physical dosimetry and treatment planning, patient set up, records keeping, patient follow up etc.):

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(iii) Indicate other ancillary equipment /facilities available to support radiotherapy activities (e.g. CT scanner, Simulator, Treatment planning system, MRI, Mammography unit, ultra sound, nuclear medicine etc).....
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11. Declaration:

I,.....(name) certify that all the information given herein is true and correct to the best of my knowledge.

Signature :.....

Date:..... Official stamp:.....

For Official Use Only

- (i) Date at which application form was received.....
- (ii) Date at which the Application was evaluated:
- (iii) Licence / Registration No.:
- (iv) General Remarks and/or Comments:
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