



Sri Lanka Atomic Energy Act No. 40 of 2014
SRI LANKA ATOMIC ENERGY REGULATORY COUNCIL



Application for Licensing of a Medical Radiography Facility Using Ionizing Radiation

(This form can be used for new facility which requires licence for the first time)

Sources covered by this application:

General Radiography X-ray Machines/Interventional Radiological X-ray Machines and Angiography X-ray Machines /CT scanners/Mammography X-ray Machines

Maximum Validity Period of the Licence–Two years

1. General Information: (provision of the all information requested below is compulsory)

Details of the applicant		
Name with initials of the Applicant* (Licencee)		
Designation of the Applicant (If applicant is a person)		
Name and Address of the Institute		
Telephone No./ Fax No.		
E-mail address:		
Business registration No. (only for private entities). Please attach a copy of registration		
Address where the X-ray equipment are used (if different from the above address)		
Telephone No./ Fax No.		
E-mail address:		
Details of the Head of Institute(If not the licensee)		
Name with initials		
Designation		
Telephone No./Fax No.		
E-mail address:		

*Head of the institute or his representative, applicant may be either institute or a person

2. Information of users to be authorized:

2.1 Details of personnel to be authorized to operate the X-ray machines (Radiographers/Radiologists/Cardiologists etc..) as relevant depending on the type of machine (if space is not adequate, use additional papers with same format to provide all information)

Name with initials	Date of Birth	National ID Number (Compulsory)	Designation	SLMC registration No. (Compulsory)	Qualifications & experience in the relevant field *	Details of radiation protection trainings received (title of training, organizer, year, training code etc.)*

*** Certificates should be attached**

2.2. Details of personnel to be authorized to work in control areas (X-ray rooms) (if space is not adequate, use additional papers with same format to provide all information)

Name with initials	Date of Birth	National ID Number (Compulsory)	Designation	SLMC registration No. (if applicable)	Qualifications & experience in the relevant field	Details of radiation protection trainings received

3. List all X-ray equipment to be authorized for the institute: (if space is not adequate, use additional papers with same format to provide information of the all X-ray machines)

Machine Type	Brand Name	X-ray Tube Model	X-ray Tube Serial No	X-ray Tube out puts. Max kVp/ mA or mAs	Identification of room/ location	Whether room plan is approved by the Council (Yes or No)	If yes, Room plan number/ Authorized Letter number and Date If No, reasons	AERC Import Authorization Number for machine/tube importation	Status of the machine
Eg: General Radiography	Shimadzu	DCO 25	2365	125kVp/ 100mA or 200mAs	Dept. of X-ray/ Room No. 01	Yes	AERC/CS/A1/01	AERC/IMP/A1/1	Functioning

3.1. No. of X-ray Machines:

General Radiography X-ray Machines Interventional Radiology/Angiography Machines CT Scanners Mammography Machine

3.2. List details of suppliers of all X-ray machines

Machine Type	Brand Name	X-ray Tube Model	X-ray Tube Serial No	Name, Address and Contact number of supplier
Eg: Mammography	Hologic	DCO 25	2365	

4. Image processing technique:

4.1. Whether the method of film processing is manual: Yes/No

If the answer is yes, attach the lay out plan of the dark room giving dimensions of the room, location of film processing equipment, doors, windows and transfer hatch and their thickness and materials.

4.2. If answer is no, provide following information

Film Processing Technique	No of units	Room Dimensions	Status (working order or not)
Auto			
CR System		N/A	
Digital System		N/A	

Note: If both techniques are used, provide information requested in both 4.1 and 4.2

5. Radiation protection programme:

5.1 Details of Radiation Protection Officer;

Name with initials:		
Mobile No.		
Telephone (Mobile/General) and Fax Nos.		
Qualifications*		
Radiation Protection training received: (Title of the training course, training institute, year, training code, etc.)*		
Experience:		

***Certificates should be attached**

5.2 Radiation Monitoring Equipment:

Description of radiation monitoring equipment available (survey meters, area monitors, etc.)

Type of Equipment	Brand Name	Measuring Energy Range	Model No.	Serial No.	Date of last calibration	Calibration report No.	Status of the equipment

5.3 In an attachment to this application, provide details on the following (details of (a) & (c) are not required for general radiography)

5.3.1. Quality Assurance (QA) programme

A copy of the established Quality Assurance Programme, which should include

- Administrative arrangements and procedures (procedure for admitting patients and identification)
- Arrangements and procedures for periodic testing and maintenance of equipment, and
- Name/s of personnel responsible for the QA Programme and details of their training and experience in QA

5.3.2. Educational and training programmes;

Details of educational and training programmes established for new workers and periodic refresher training for existing workers on Radiation Protection and Quality Assurance.

5.3.3. Protection of workers and the public

Provide a copy of the local rules related to;

- Medical surveillance of workers,
- Investigation of accidental exposures of workers
- Ensuring protection of workers and general public including instructions and warning provided,
- Periodic radiation surveys and maintenance of records and checking of radiation protection gears.
- Checking of radiation protection gears.

5.3.4. Measurement of exposure of workers and dose reports:

Describe arrangements made for measurement of exposure of workers and maintenance of records and review of doses and for actions to be taken if doses are exceeded levels established by the regulatory authority.

5.3.5. Radiation protection equipment available:

Provide information of lead aprons, thyroid collars, head caps, goggles, mobile protective screens, ceiling mounted lead screen, patient protection gears available in the institute (provide number of each item, lead equivalency of each and status)

6. Declaration

I hereby declare that the all the information submitted is correct to the best of my knowledge and belief. In case, it is found, at any stage, that the information provided by me is false and/or not authentic, then I hereby accept that appropriate regulatory actions may be initiated against me and my institution, in accordance with the provisions of the Atomic Energy Act No. 40 of 2014. and rules and regulations made there under.

Signature of the applicant
(If not the Head)

Signature of Head of the institution and seal

Date:-----

Date:-----

Instructions for applicants

1. The duly filled application form should be submitted to the Council along with the application processing fee of Rs 2400.00.
2. Processing fees should be made by cheque /MO/PO in favor of the Sri Lanka Atomic Energy Regulatory Council or by cash.
3. Application/s should be submitted to the Council before 30th September of each year along with the **application processing fee of Rs. 2400/=**. If application is not be submitted for renewal before 30th September, the applicant/institute **liable to pay Rs.100.00 as a surcharge for each day** until the date of submission of the renewal application, as per the Rule No. 1924/27 gazetted on 21-07-2015 on this behalf.
4. For any inquiries: Contact : Director, (Authorization) of the Council
General line : **011 2987857,59,60** E-mail : officialmail@aerc.gov.lk
Direct line : **011 2984098** E-mail : prageeth@aerc.gov.lk
Fax No : **011 2984099**
5. For details of information and to down load the licence application, visit: www.aerc.gov.lk
6. Please forward your applications to:
Director General,
Sri Lanka Atomic Energy Regulatory Council,
No. 977/18,
Kandy Road,
Bulugaha Junction,
Kelaniya.
Fax: 011 2984099
7. The licence renewal fee shall be paid upon receipt of an invoice/ proforma invoice.

Important: Incomplete applications and/or applications with insufficient information are liable to be returned to the applicant or rejected