Radiation Control, Cape Town radconcpt@sahpra.org.za 🕿+2721 015 5516

Radiation Control, Durban radcondbn@sahpra.org.za 🕿+2731 015 5825

Radiation Control, Pretoria radconpta@sahpra.org.za 🕿+2712 501 0367

|  |
| --- |
| **For office use only** |
| **File no.**  |
| **Licence no.**  |

NOTE: ALLOW 30 DAYS FOR ADMINISTRATION

# **1. PARTICULARS OF APPLICANT**

|  |
| --- |
| Name and postal address of individual or organisation  |
|  |
|  | Postcode  |
| 🕿  | Fax no. | Email |
| Name and postal address of contact person (*If different from above)* |
|  |
|  | Postcode |
| 🕿 Cell | Fax no. | Email |
| Do you have any other licence(s) | Yes | No | If yes, state licence no. |

# **2. RESPONSIBLE PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  | Title  | Initials  | ID no. |
| Address |
| Email: | Cell no.: |
| Experience regarding radiation protection: |  |
| Designation: | Qualification  |
| HPCSA Registration no.: |  |
| I am aware of my duties as responsible person[[1]](#footnote-1)♦ | Signature | Date |

# **3. PARTICULARS OF PERSON (S) WHO WILL OPERATE THE UNIT** (Indicate with X)

 **Note:** Medical x-ray examinations may only be performed by appropriately trained persons registered with the HPCSA / AHPCSA in the category: Radiography and / or Radiology.

|  |  |
| --- | --- |
|  Category |  Qualification |
| Radiography | Diagnostic | Supplementary | Industrial |  |
| Medical | General Practitioner | Radiologist | Other Specialist |  |
| Dental | Dentist | Specialist | Dental Therapist | Oral Hygienist |
| Veterinary | Veterinarian | Veterinary Nurse |  |  |
| Chiropractic | Chiropractor |  |  |  |
| Non-medical |  |

**4 DETAILS OF X-RAY EQUIPMENT**

**4.1 *Details of X-ray Generator***

|  |  |
| --- | --- |
| Brand name | Model |
| Year of manufacture  | Generator serial no.  |
| Number of tubes attached to generator |

**4.2. *Details of X-Ray System / Unit***

|  |  |
| --- | --- |
| Brand name | Model  |
| Year of manufacture  | System/Unit serial no.  |

**5. TECHNIQUE FACTORS**

|  |  |  |
| --- | --- | --- |
| Peak tube potential……...kV | Maximum mA…….at 100kV  | Maximum exposure time……s OR ……….mAs |
| Activities envisaged / Type of examination(s) or investigation(s) which will be performed........................................................................................................................................................................................................................................ |

# **6. generic description**

|  |
| --- |
| State the generic code of the product as found on the attached list (see page 4)  |

# **7. Image Processing**

|  |
| --- |
| Indicate type of image processing (mark with X) **Wet** ( ) **CR** ( ) **DDR** ( ) |

# **8. PARTICULARS OF PREMISES**

|  |
| --- |
| Address - General (i.e., block, floor, room, vehicle reg. no.)  |
| Section  | Street  |
| Building  |
| Suburb  | Postal code  |

# **9. TYPE OF INSTALLATION** (please complete **EITHER** section 9.1 or 9.2)

## 9.1 Enclosed installation (X-ray equipment which is installed and used within the same enclosure or room.)

|  |
| --- |
| **Please attach a diagram or plan** indicating the appropriate enclosure or room with special reference to:(a) The normal location of the x-ray tube; the direction and extent of x-ray tube movement; general direction(s) of the useful beam; locations of any windows and doors; the location of the operator's booth; and the location of the x-ray control panel.(b) The structural composition and thickness (1/2 brick thickness) or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned.(c) The dimensions of the room(s) concerned.(d) The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present. |

## 9.2 Open installation

|  |
| --- |
| State why an enclosed installation is not likely to be practicable. ***(e.g., Mobile / Portable X-ray equipment)***.......................................................................................................................................................................................... |

# **10. DETAILS OF PERSON/COMPANY FROM WHOM X-RAY DEVICE WAS OBTAINED**

## 10.1 Dealer

|  |  |  |  |
| --- | --- | --- | --- |
| New | Refurbished | Pre-owned | Sales licence number |
| Name and postal address |
| Contact Person |
| 🕿 | Fax | Email |

## 10.2 Previous user

|  |
| --- |
| Name and postal address  |
| Contact Person |
| 🕿 | Fax | User's licence number  |
| State the reason if licence number is unavailable……………………………………………………………………………… .......................................................................................................................................................................................... |

# **11. DETAILS OF PERSON/COMPANY THAT WILL INSTALL THE X-RAY DEVICE** (INSTALLER)

|  |
| --- |
| Name and postal address |
|  |
| 🕿 | Fax no | Email |

# **12. DETAILS OF inspection body (ib) THAT WILL Do acceptance tests**

|  |
| --- |
| Company Name SANAS Ref. No. **XRAY**\_\_\_\_\_\_\_\_  |

# **13. DOSIMETRY SERVICE**

|  |
| --- |
| Name of dosimetry service that will be made use of |

# **14. DECLARATION BY THE APPLICANT**

|  |
| --- |
| I, (PLEASE PRINT) ...................................................................................... hereby declare that the information supplied is to the best of my knowledge true and correct. |
| Signature | Date |
| Designation |

|  |
| --- |
| **For office use only** |
| **Classification of user** |
| **Conditions** |
| **Comments....................................................................................................................................................................................................……………****........................................................................................................................................................................................................................……………** |
| **Inspected by................................... (code) on** |
| **Checked by.................................... (code) on** |

**Generic codes for listed x-ray devices**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of unit** | **Generic code** | **Type of unit** | **Generic code** |
| Rad units general purpose - Table/Erect bucky | M010 | Rad Tomographic - Dedicated | M070 |
| Rad units general purpose - Table/Erect bucky - digital | M010D | RAD/FLUOR general purpose | M080 |
| Rad units general purpose - Compact systems | M020 | RAD/FLUOR general purpose - remote | M081 |
| Rad units general purpose - Compact systems - digital | M020D | RAD/FLUOR general purpose - remote digital | M081D |
| Rad units chest - dedicated | M030 | RAD/FLUOR general purpose - mobile | M082 |
| Rad units chest - mass mini | M031 | RAD/FLUOR general purpose - mobile digital | M082D |
| Rad units chest - mass mini and general | M031G | RAD/FLUOR general purpose – mini mobile | M082M |
| Rad units chest - digital | M032 | RAD/FLUOR general purpose - portable | M082P |
| Rad units dental - intra oral | M040 | RAD/FLUOR spec proc – robotic arm | M082R |
| Rad units dental - intra oral - digital | M040D | RAD/FLUOR general purpose – mobile O-arm | M082O |
| Rad units dental - intra oral - portable | M040P | RAD/FLUOR spec proc - angiographic | M090 |
| Rad units dental - pan | M041 | RAD/FLUOR spec proc - angiographic digital | M090D |
| Rad units dental - pan - digital | M041D | RAD/FLUOR spec proc - cardiac | M091 |
| Rad units dental - pan & ceph | M041C | RAD/FLUOR spec proc - cardiac digital | M091D |
|  |  | RAD/FLUOR spec proc - urology digital | M092D |
| Rad units dental - pan CT | M042 | RAD/FLUOR spec proc – bi plane | M093D |
| Rad units dental - dental CT | M043 | CT scanner | M100 |
| Rad units dental – pan – 3D | M044 | PET CT scanner | M101 |
| Dental CR unit | M045 |  |  |
| Dental Digital Detector | M046 |  |  |
| Rad units mammographic | M050 | Spect scanner | M102 |
| Rad units mammographic - digital | M050D | CT Scanner: Mobile | M103 |
| Rad units mobile - conventional | M060 | CT Scanner: Extremities | M104 |
|  |  | Lithotripter | M120 |
| Rad units mobile – conventional - digital | M060D | Absorptiometers (bone densitometer) | M130 |
| Rad units mobile - conventional fixed | M060F | Radiotherapy simulator | M140 |
| Rad units mobile – CDU | M061 | CT simulator | M104C |
| Rad units mobile – CDU fixed | M061F | Whole Body Scanner - medical | M147 |
| Rad units mobile - battery powered | M062 | Radiotherapy verification | M148 |
| Rad units mobile - battery powered - digital | M062D | CR Unit | M0CR |
| Rad units - portable | M063 | Therapy Linear Accelerator with kV Imager | M143I |
| Rad units – portable restricted | M063DR | Rad Monitor – 2MP | M200 |
| Rad units - student training | M064 | Rad Monitor – 3MP | M201 |
| Rad units mobile - DDR | M065 | Rad Monitor – 5MP | M202 |
| Rad units mobile - CR | M066 | Direct Digital Detector (DDR) | M203 |
|  |  | Dose Management System | M204 |

***Non-medical electronic products***

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of unit** | **Generic code** | **Type of unit** | **Generic code** |
| Luggage, mail and other articles inspection unit - conveyor belt | NM010 | Diffractometer | NM070 |
| Luggage and mail inspection unit - cabinet | NM011 | Spectrometer | NM071 |
| Luggage and mail inspection unit - portable | NM012 | Electron Microscope | NM072 |
| Inspection of cargo contents | NM013 | Automatic particle size analyser | NM073 |
| Inspection: Packaging and food | NM014 | X-Ray Fluorescence (XRF) - Portable | NM074 |
| Luggage and mail inspection unit - mobile | NM015 | Electron Probe | NM075 |
| Inspection of cargo contents – mobile  | NM016 | Inspection: CT Scanner | NM076 |
| Inspection: Vehicle & contents | NM017 | Bench top analyser | NM077 |
| Inspection: Portable Digital | NM018 | X-Ray Fluorescence (XRF) | NM078 |
| Inspection: Cargo – Linear Accelerator | NM019 | Analyser – Isotope based | NM079 |
| Industrial radiography unit | NM020 | X-ray apparatus for student experiments | NM200 |
| Fixed industrial FLUOR unit (Realtime) | NM021 | Research  | NM201 |
| Mobile industrial FLUOR unit (Realtime) | NM022 | Van de Graaff accelerator | NM202 |
| Cabinet unit to verify integrated circuits | NM023 | Accelerator for industrial sterilisation purposes | NM203 |
| Industrial radiography unit – portable / mobile | NM024 | Thickness gauge | NM210 |
| Cabinet unit – Radioscopic Inspection  | NM025 | Level gauge | NM211 |
| Inspection: Occupied – Vehicle & Contents | NM026 |  |  |
| Hand held screening system | NM027 |  |  |
| Vet CT | NM028 |  |  |
| Colour monitors | NM030 | Inspection of food and pharmaceuticals for contaminants | NM212 |
| Colour monitors - other | NM031 | Electron welding machine | NM220 |
| Diamond sorting unit | NM040 | Rad units - veterinary | NM230 |
| Sorting unit | NM041 | Rad/fluo units - veterinary | NM231 |
| Neutron generator | NM050 | Rad units – veterinary - portable | NM232 |
| X-ray Blood Irradiator | NM051 |  |  |
| Scanning people - Transmission | NM060 | CT Scanner - veterinary | NM233 |
| Scanning people - Backscatter | NM061 | Rad units – veterinary – dental - portable | NM234 |
|  |  | Rad units – veterinary - digital | NM235 |
| CR Unit – Veterinary use | NM0CR | Ion implantation unit | NM240 |
|  |  | X-ray system for detonators | NM250 |
|  |  | Specimen - Radiography | NM052 |
|  |  | RAD/FLUOR forensic medicine mobile | NM260 |
|  |  | Whole body scanner - forensic | NM261 |
|  |  | Particle accelerator | NM262 |
|  |  | Forensic Med Dental X-ray unit | NM263 |

1. [↑](#footnote-ref-1)