Form B-1	Revision 01

ATOMIC ENERGY AUTHORITY ACT NO. 19 OF 1969

APPLICATION FOR LICENCING OF NUCLEAR MEDICAL FACILITIES USED FOR IMAGING

(This application should be used for Licencing of Radionuclides used for imaging)

Frequency of Licence : Annually till 31st December of the respective year

TYPE OF LICENCE

New Application ☐

Renewal of existing Licence ☐

If renewal ,
Existing Licence No …….
Date of Expiry……

PURPOSE OF APPLICATION Possession / Use / Storage

(Please read the instructions and definitions given in page 06 & page 07 before filling the application form)

Part 1 : GENERAL INFORMATION

1.1 Name of the Applicant [1] : ……..

1.2 (a) Name of the organization: ……

(b) Address:

Mailing address	Address of the place of work (if different from mailing address)
…… ……..…….. …… **Tel:**…… **Fax**……..……	……..…… …….. …… **Tel:**…….. **Fax**……..

1.3 Responsible representative of the applicant [2] :

Name: …….. Telephone : ……..…
Designation: ……. Facsimile : ……..

For office use only:	RAN

1.4 Information of the users to be authorized. *(Names of the all persons who are involved in use of radiation sources should be mentioned.)*

1.4 (a) Qualified Medical Specialists & Physicists

	Name	Designation	Qualifications & Experience	S.L.M.C. Reg.No.	Details of Radiation Protection training attended (title of the training, organizer, year, training code etc.)
1					
2					
3					
4					
5					

Use additional papers if necessary.

1.4 (b) Radiographers /Technologists

	Name	Designation	Qualifications & Experience	S.L.M.C. Reg.No.	Details of Radiation Protection training attended (title of the training, organizer, year, training code etc.)
1					
2					
3					
4					
5					
6					
7					

Part 2: DETAILS OF EQUIPMENT

2.1 Details on the gamma camera and other imaging equipment:
(Details of each machine should be listed, use additional sheet if necessary)

2.1.1 Brand Name: ……..

Type	
Make	
Year of manufacture	
Model no.	
Serial No.	
Current status of equipment	
Location	
Organization responsible for the maintenance of the equipment, a) Address b) Telephone & Fax	 …….. …….. ……..

2.1.2 Brand Name: ……..

Type	
Make	
Year of manufacture	
Model no.	
Serial No.	
Current status of equipment	
Location	
Organization responsible for the maintenance of the equipment, a) Address b) Telephone & Fax	 …….. …….. ……..

Part 3: RADIATION SOURCES

3.1 List down details of radionuclides and calibration sources involved in the work:

Radionuclide / Pharmaceutical	Maximum activity used per year (mCi, Ci, MBq, GBq)	Physical/Chemical form	Use

Use additional papers if necessary

3.2 List down details of radiation sources stored (sources used for calibration or imaging):

Radionuclide	Activity with date	Serial No.	Status of the source (active/disused/spent)

Use additional papers if necessary

Part 4: RADIOACTIVE WASTE

4.1 Indicate whether the work covered by this application is likely to generate radioactive waste(s):

Yes / No

If yes, provide an assessment of the different form(s) of the waste(s).

Radionuclide	Waste form	Maximum activity duration (activity/month)	Proposed waste disposal route

Use additional papers if necessary

Part 5: DETAILS OF FACILITIES

5.1 Attach a detailed layout of the facility indicating:

(i) radiopharmacy, dose administration area, counting rooms, imaging rooms
(ii) building materials and wall thickness
(ii) alarms
(iii) shielding design
(iv) drainage ducts including patient's toilets
(v) storage areas together with security facilities; and
(vi) drawing showing any penetrations or openings in the shielding materials such as conduits or ventilation ducts

Part 6: DETAILS OF RADIATION PROTECTION AND SAFETY PROGRAMME

6.1 Details of Radiation Protection Officer - Level 2

Name: …….
Qualification :…….
Experience: …….
Radiation Protection training obtained: ….……..
...…...……..

Telephone: …….. Fax: ……

6.2 Describe personal monitoring services provided to the persons listed above:

Type of dosimeter	No. of persons monitored
Thermoluminescent dosimeters (TLD)	
Direct reading dosimeters (DRD)	
Other (please specify)	

6.3 List the radiation monitoring and measuring equipment available

Type of equipment	Manufacturer	Model No.	Serial No.	Date of last calibration	Status of the equipment

Use additional papers if necessary

6.4 Description of personnel protective equipment available. (L-Shield, lead bricks, fume hood, syringe shields, vial shields, remote handling tools, forceps etc.)

Equipment / Tool	Type / Model	No. of units available	Purpose of use

Use additional papers if necessary

6.5 In an attachment to this application, please provide details on the following:

(i) workplace monitoring
(ii) local rules and supervision of workers
(iii) quality assurance programme
(iv) emergency procedures
(v) investigation of accidental medical exposures

Part 7: DECLARATION

I declare that the information provided in this form and in support of this application is to the best of my knowledge complete and true.

……. Date

…… Signature of the applicant or responsible representative of the applicant & seal

Instructions

1. Section 1 to 6 should be filled for all categories of applications (new and renewal.)

2. If new sources are added or activities increased, during the validity period of the licence, an amendment to the existing licence is required. (Application form for amendment of Nuclear Medicine facilities should be filled. This form can be obtained from the AEA on request)

3. The application should be submitted 2 months prior to expiry of the existing licence for renewal.

4. Licence Fee

4.1 Renewal Fee

Type of Facility	Fee for one unit (Including 12 % VAT and 3 % NBT)
Radionuclide Imaging	8801.97

4.2 Fee for New Facilities

Type of Facility	Licence starting from	Fee for one unit (Including 12 % VAT and 3 % NBT)
Radionuclide Imaging	1st Quarter to end of the year	8801.97
	2nd Quarter to end of the year	6601.48
	3rd Quarter to end of the year	4400.99
	4th Quarter to end of the year	2200.49

5. Please note that, inspection charge will be levied in addition to the licence fee as per rates determined by the authority.

6. Duly filled application forms (new or renewal) should be submitted to the AEA **without the licence fee.**

7. All payments should be made by cheque / MO / PO or by cash drawn in favor of the Chairman, Atomic Energy Authority only **after an invoice is received.**

8. Please forward your application to

Head,
Division of Radiation Protection,
Atomic Energy Authority,
60/460, Baseline Road,
Orugodawatta,
Wellampitiya.

Tel. : 0112 533427-8, 0112 534209
Fax : 0112 533448
E-mail : officialmail@aea.ac.lk
Web : http:/www.aea.ac.lk/

Definitions

1 Applicant	:	Any legal person who applies to the Atomic Energy Authority for authorization to undertake any of the actions described in the Atomic Energy Safety Regulations No 1 of 1999. Any organization, corporation, partnership, firm, association, trust, state, public or private institution, group, political or administrative entity or other persons designated in accordance with national legislation, who or which has responsibility and authority for any action taken under the Atomic Energy Authority Safety Regulations No. 1 of 1999.
2 Responsible representative of the applicant	:	The legal person shall bear the responsibility for setting up of and implementing the technical and organizational measures that are needed for ensuring protection and safety for the radionuclides for which they are seeking authorization. The applicant may appoint a representative to carry out actions and tasks related to the application, but retain the responsibility for the actions and tasks himself. In this case, the representative can make commitments on behalf of the applicant on all tasks and actions relating to the application.