Form A	Revision 02

ATOMIC ENERGY AUTHORITY ACT NO. 19 OF 1969

APPLICATION FOR LICENCING OF *RADIOTHERAPY FACILITIES*

(This application should be used for Licencing of Telegammatherapy & Brachytherapy Machines)

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 11 & page 12 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 on other responsible persons and authorized users. *(Name of the all persons who are involved in use of radiation sources should be mentioned.)*

(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.

(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					

Use additional papers if necessary.

(c) Other authorized users who work in control areas

	Name	Designation	Qualifications & Experience
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Use additional papers if necessary.

Part 2: SOURCES AND EQUIPMENT

2.1 For external beam gamma therapy specify the following:

Specifications	Unit 1	Unit 2	Unit 3	Unit 4
Type	……	…….	……..	……
Manufacturer	……	…….	…….	……
Year of Manufacture	……	……	…….	……
Model No. and Name	……	……	…….	……
Serial No	……...	……	…….	…….
Type of gantry (stationary	…….	……	……	……
or rotary)	……	……	……	……
Out put Gy/min at isocenter	……	……	……	……
Describe the movement of	.....	.....	.....	.....
the treatment table	……	……	……	……
Classification of the room	.....	……	.....	.....
a) For Gamma units	……	……	……	……
i Radionuclide	……	……	……	……
ii Serial No of the source	……	……	……	……
iii Initial activity of source	……	……	……	……
& date	……	……	……	……
iv No of sources installed	……	……	……	……
v Max design Activity in	……	……	……	……
GBq	……	……	……	……
vi Present activity with date in GBq	……	……	……	……
vii Type of source carrier	……	……	……	……
or shutter (exposures	……	……	……	……
mechanism)	……	……	……	……
b) For Accelerators	……	……	……	……
i Max. Energy (MeV)	……	……	……	……
ii Max. Current (mA)	……	……	……	……

Use additional papers if necessary

2.2 Details of brachytherapy machines:

2.2.1 Remote after loading systems:

Manufacturer	Model No of the device	Serial No of the device	Radionuclide	Source Serial No	Dose Rate: High (H) Low (L)	Number of Channels: (Remote)	Max. Activity & date (GBq)
					H L		
					H L		
					H L		
					H L		

2.2.2 Manual after loading systems:

Manufacturer	Model No of the device	Serial No of the device	Radio nuclide	Physical type Ribbon (R) Wire (w) Individual (I)	Physical dimensions and shape	Total Activity (per cm for wires and ribbons)	Current Activity with date (GBq)	Num. of sources (total activity for wire)
				R W I				
				R W I				
				R W I				
				R W I				

2.3 Details of the other sealed sources used for radiotherapy related activities (Calibration sources etc.)

Name of Associated Equipment	Model No.	Serial No.	Radionuclide	Source Serial No.	Activity/ date

2.4 Details of Radiation Sources Stored, which were used for radiotherapy related activities (Sources used for the purpose of the application)

Radionuclide	Activity with date	Source Serial No.	Status of the Source (Active / Decayed)

Use additional papers if necessary

Attach the copies of certificates issued by the manufacturer for each of the devices and sources including leak test certificates of the sources.

2.5 Standards

Indicate to which International Electrotechnical Commission (IEC) and/or International Standard Organization (ISO) standards does the equipment and sources used for medical exposure conform (Attach the copies of certificates issued by the manufacturer for the sources and equipment)

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2.6 For remotely loaded brachytherapy sources (for each source), describe the following:

a) Whether door to treatment room electrically interlocked with source movement mechanism,

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b) Technical details of fixed area radiation monitor, its location and status

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2.7 For manual brachytherapy, state what source handling devices that are available including :

a) Source storage and transport container,

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b) Source handling devices and accessories (such as tongs, lead containers, etc.)

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c) Radiation protection barrier during manual source loading in patient.

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2.8 Servicing of equipment

Identify who will be authorized to perform servicing and maintenance on the equipment and their licence numbers:

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2.9 Details on Radiation Protection Equipment:

Name & Type of Equipment	Manufacturer	Model No	Serial No	Date of Last Calibration	Status of the Equipment

Use additional papers if necessary

2.10 Security of Radioactive Sources

Describe arrangements made;

a) to prevent unauthorized access or damage to, and for loss; theft or unauthorized transfer of, radioactive sources.

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b) to mitigate or minimize the radiological consequences of any malicious act involving a radioactive sources.

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Part 3: FACILITIES

3.1 Facility Specifications:

(a) Attach the site map including access route to the facility

(b) Attach the detailed plan of the each facility indicating,

i. building materials,

ii. alarms

iii. shielding design

iv. engineering controls (mechanical interlocks, warning safety devices, emergency stop buttons inside/outside enclosure, prevention of unauthorized personnel entering area, and means of escape and communication from within enclosure).

v. drawing showing any penetrations or openings in the shielding materials such as conduits or ventilation ducts.

Part 4: RADIATION PROTECTION AND SAFETY PROGRAMME

4.1 Details of Radiation Protection Officer

a) Radiation Protection Officer – Level 1

Name : ……
Qualifications: …….
……
Experience:……..
……
Radiation Protection training attended (title of the training, organizer, year, training code, etc.)
……..
……...

Tel : ……Fax:……E-mail…….

b) Radiation Protection Officer – Level 2

Name : ……
Qualifications: …….
……
Experience:……..
……
Radiation Protection training attended (title of the training, organizer, year, training code, etc.)
……..
……...

Tel : ……Fax:……E-mail…….

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

Type of dosimeter	No. of workers monitored
Thermoluminescent Dosimeters (TLDs)	
Direct Reading Dosimeter (DRDs)	
Other (Specify) ……	

4.3 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

4.4 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

4.5 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 5: DECLARATION:

I hereby declare that the information provided on 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 4 should be filled by all categories of applications (new, and renewal.)

2. If new sources are added or if the activities are increased, amendment to the existing license is required. (Application form for amendment of Radiotherapy 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 Machine	Fee for one unit (Including 12 % VAT and 3 % NBT)
Teletherapy	6538.60
Brachytherapy	5406.92

4.2 Fee for New Machines

Type of Machine	Licence starting from	Fee for one unit (Including 12 % VAT and 3 % NBT)
Teletherapy	1st Quarter to end of the year	6538.60
	2nd Quarter to end of the year	4903.95
	3rd Quarter to end of the year	3269.30
	4th Quarter to end of the year	1634.65
Brachytherapy	1st Quarter to end of the year	5406.92
	2nd Quarter to end of the year	4055.19
	3rd Quarter to end of the year	2703.46
	4th Quarter to end of the year	1351.73

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

6. Duly filled application forms (new, renewal or amendment) 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 gamma sources 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.