

Government of India

Atomic Energy Regulatory Board

APPLICATION FOR PROCUREMENT OF PRE-OWNED MEDICAL DIAGNOSTIC X-RAY EQUIPMENT

- a) *This Application would be considered by the competent authority for issuance of Pre-owned Medical Diagnostic X-ray Equipment*
- b) *The duly filled-in form should be sent to Head, Radiological Safety Division, (RSD) AERB, Niyamak Bhavan, Anushaktinagar, Mumbai-400094 with the necessary documents.*
- c) *Incomplete applications and those without all relevant documents are liable to be rejected.*
- d) *All the forms pertaining to this facility can be downloaded from the website www.aerb.gov.in*
- e) *Attach extra sheets wherever required*

Part A

Details of Institution

Name of Institution : _____
Address of Institution: _____
City : _____
State : _____
Postal Code : _____
Telephone No. : _____
Fax No. : _____
Email Id : _____

Details of Head of Institution

Name of Head of Institution: _____
Designation : _____
Telephone No. : _____
Mobile No. : _____
Email Id : _____

Part B

Details of Pre- Owned Equipment

Type of equipment : Computed Tomography Interventional Radiology
Radiography (Fixed) Radiography and Fluoroscopy
Radiography (Mobile) Radiography (Portable)
Mammography C-Arm
Orthopan Tomography(OPG) Dental CBCT
Dental (IOPA, Hand-held) Bone Mineral Densitometer(BMD)
Any Other : _____
Model name : _____

Maximum operating potential (kVp):

Maximum operating current(mA):

Name of manufacturer : _____

Country of manufacturer: _____

Expected useful life of Equipment

Part C

Details of Previous User

Name of Previous User Institute

Country of Previous User Institute

Date of Installation of equipment in Previous User Institute

Dismantling date of equipment from Previous User Institute

Whether any Incident/ Accident occurred in Previous User Institute

Part D

Details of Supplier/ Service Agency

Name of Supplier/Service Agency:

Address of Supplier/Service Agency:

Contact No.

Email ID

AERB authorization Ref. no. to work as Supplier/ Service Agency:

Part E

Layout Details				
Location of x-ray installation				
Room No.				
Floor				
Wing				
Department				
Wall Identification	Distance from exposure are(from centre of the couch)(m)	Material used for shielding	Occupancy behind the wall	Thickness of the shielding material (cm)
Wall A				
Wall B				
Wall C				
Wall D				
Entrance Door				
Any other door				
Window ,if any if at the height less than 2m from				

outside finished floor of testing room				
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- a) Whether all the walls are identified and distances of walls from the isocentre of the equipment are indicated in the layout drawing Yes No
- b) Whether layout drawing indicates gantry/C-arm, couch, control panel/ control room, windows, doors, make and model of the CT/IR equipment Yes No
- c) Whether the layout drawing is as per values filled in the above table Yes No
- d) Whether the height of the window from outside finished floor of CT/IR room is > 2 m Yes No NA
- e) Whether shielding is provided on the window up to 2m : Yes No NA

Part F

Attachments

- a) Layout drawing of proposed x-ray equipment installation (refer AERB guidelines). Y N NA
- b) Copy of Type Approval Certificate. Y N NA
- c) X-ray equipment design approval (Type approval) certificate from country of origin Y N NA
- d) Copy of Supplier/ Service provider authorization issued by AERB. Y N NA
- e) QA reports(not more than 6 months old) of the equipment endorsed by previous user. Y N NA
- f) Regulatory Consent issued to previous end user for operation of the equipment from regulatory authority . Y N NA
- g) Undertaking from Service provider for ,
- the equipment will be under warranty for the expected life of X-ray equipment Y N NA
 - QA, maintenance , servicing and decommissioning of x-ray equipment till its useful life. Y N NA
 - Providing education and training to end user Y N NA

Part G

UNDERTAKING

I hereby certify that

1. All the information submitted is correct to the best of my knowledge and belief.
2. Applicable provisions of the Atomic Energy (Radiation Protection) Rules, 2004 will be strictly complied with.
3. Applicable provisions of AERB Safety Code on Medical Diagnostic X-ray Equipment and Installations, AERB/SC/MED-2 or the revised version ,currently in force, will be complied with.
4. The equipment will be put into operation only after obtaining "License" from the Competent

Authority.

5. The facilities will be accorded by me/us to any authorized representative of the competent authority to inspect this installation at any time.
6. On receipt of AERB "Procurement Permission ", I will abide by its Terms and Conditions.
7. Keep AERB informed about any changes in the information furnished.

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 applicable Rules.

Place:

Date:

(Seal of the institution)

Signature:

Name of the Applicant:

Designation:

Signature:

Name of Head of the Institution

Designation: