

UNITED REPUBLIC OF TANZANIA

Tanzania Atomic Energy Commission
P.O. Box 743
Arusha

Form TAEC - 6

ATOMIC ENERGY ACT (No. 7 of 2003)
(PART III SECTION 18)

APPLICATION FOR AUTHORIZATION TO POSSESS OR USE IONIZING RADIATION
EMITTING EQUIPMENT FOR NON-DESTRUCTIVE TESTING (NDT) PURPOSES

- 1 (a) Name of Applicant / Institution
Postal Address
Tel: No. Fax: E-mail
(b) Name and Title of Head Of Institution

2. Classification of the Applicant -

Government [] Non-government []

- 3. Name of the person responsible for Radiation Safety
Postal Address (If different from above)
Telephone: Fax E-mail
Title Qualification
Certification

4. List names and qualifications of personnel who will be operating the NDT equipment (Note that such personnel should be having the necessary qualifications for the NDT work).

- 4.1 Name Qualifications
4.2 Name Qualification
4.3 Name: Qualification
4.4 Name Qualification

NB: Use additional sheet of paper if need be.

5. Details of Equipment

- (a) Equipment with Radioactive sources incorporated.
(i) Manufacturer
(ii) Model Number:
(iii) Serial No. of Equipment
(iv) Radionuclide used
(b) Equipment not incorporating radioactive sources (eg x-ray machine)
(i) Manufacturer
(ii) Model number of generator and Tube
(iii) Serial number of generator and tube
(iv) Maximum kilovoltage peak (kvp)
(v) Maximum Tube current
(vi) Maximum exposure Time:

- (c) Purpose for which the equipment will be used for
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6. Radioactive Waste:
(In the case of equipment with radioactive source incorporated) Describe in details the methods which will be used for disposing of the radioactive source when it becomes disused / spent. It is being encouraged to make contracts with suppliers to receive back the radioactive sources when they become spent or disused.....
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7. Equipment standards:
- (a) Is the NDT ionizing radiation emitting equipment proto type tested and subject to quality control provisions of standards recognised by international standards setting organizations such as (ISO, IEC etc). Yes / No
- (b) If the answer is yes please list and identify the standards and any applicable classification.
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8. Give the name and address of the firm/person who will be responsible for the service/ maintenance of the equipment
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9. Location of the equipment
- (a) Name of installation
- building
- (b) Plot No. if applicable
- (c) Location: Town street.....
- Ward
- (d) District
10. lay out of the installation (for fixed equipment)
- (a) Attach a sketch of the installation indicating location of the equipment adjacent occupancies, controlled and supervised areas.
- (b) Name the construction materials and thickness of the walls.
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- (c) Does the installation have any interlocks: Yes/ No
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- (d) In case of equipment incorporating radioactive source give details of storage of equipment when not in use
11. Radiation Protection Safety Programme.

(a) Describe your organizational and management control systems, including assignments of responsibilities and clear lines of authority related to radiation safety. In particular include: staffing levels, equipment selection, other assignments of the Radiation Safety Officer, authority of Radiation Safety Officer to stop unsafe operations, personnel training, maintenance of records and how problems affecting safety are identified and corrected.

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(b) If applicable give list of personal protective equipment used by Workers (eg lead gloves)

12. Work place monitoring, area classification and individual monitoring.

(a) Describe your programme for monitoring the workplace, including: the quantities to be measured, where and when the measurements are to be made, the reference levels and actions to be taken if they are.....
exceeded.....

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(b) Describe your policies and procedures for classification of controlled and supervised areas.

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(c) Which type of individual personnel monitoring do you use:-

- (i) Thermo luminescent dosimeter (TLD)
- (ii) Direct Reading Dosimeters (DRD)
- (iii) Others (name them)

(d) Indicate (give address) of firm organization which will be providing you with the individual personnel monitoring services.

13. Local Rules and supervision:-

(a) Describe copies of your operating and safety procedures including source inventory and leak testing in the case of equipment incorporating radioactive sources.

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(b) Describe your training programme to ensure that all appropriate personnel are adequately trained in the correct operating procedures.

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(c) Describe your policies regarding female workers who become pregnant (notification, adoption of working conditions to protect foetus / embryo) and the instructions you will provide to them
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(d) Describe the programme of health surveillance based on general principles of occupational health with regard to initial and continuing fitness of workers for their intended tasks.
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14. Quality Assurance:

(a) Describe your quality Assurance programme for your equipment in particular performance of the equipment, safety interlocks, radiation meters e.t.c.
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(b) Describe your programme for optimizing occupational and public exposure as low as reasonably achievable.....

15. Emergency procedures

Describe your emergency procedures to address emergencies such as potential damage to the source, the safety control systems, loss of source shielding, stuck sources or substantial accidental exposure to an individual.
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16. Declaration: Ihereby declare that the information provided above is true and correct to the best of my knowledge.

17. Date Signature of Applicant and official stamp.

For Official Use Only

(i) Date at which application form was Received.....

(ii) Date at which the Application was evaluated:

(iii) Licence / Registration No:

(iv) General Remarks and/or Comments:

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