

UNITED REPUBLIC OF TANZANIA

Form TAEC 5

Tanzania Atomic Energy Commission
 P. O. Box 743
 ARUSHA
 Tel. 255 27 2508554
 Fax. 255 27 2509709
 E-mail: taec@habari.co.tz



ATOMIC ENERGY ACT, No. 7 of 2003
 [PART I-III SECTION 18 AND 20]

APPLICATION FOR AUTHORIZATION TO POSSESS AND USE
 RADIATION DEVICES OR RADIOACTIVE MATERIALS (NON- MEDICAL)

NB: To avoid delays in evaluation, respond to all questions

PART I: GENERAL INFORMATION

1. Type of Application: <i>(tick where appropriate)</i>	
(a) (<input type="checkbox"/>) New Authorization (<input type="checkbox"/>) Renewal Authorization (<input type="checkbox"/>) Amendment to Authorization	
(b) Financial year: (e.g. 2008/ 2009)	
2. Name and Address of Organization: <i>(including head of organization)</i>	
(a) Legal name of the facility (Institution, firm, hospital, etc.)	
(b) Name of legal Person/ head of organization (Prof. /Dr. / Mr. / Mrs. / Fr. / Rev. / Sr. / other)	
(c) Title of the legal person (e.g. Director, District Medical Officer, etc).	(d) Qualification (e.g. Certificate/ Diploma/ BSc. / Masters in Physics)
(e) Permanent mailing address	(f) Telephone numbers Landline: <i>(Office)</i> Mobile: <i>(Office)</i> <i>(Individual)</i> Fax: <i>(Office)</i> Email address: <i>(Office)</i> <i>(Individual)</i>
(g) Person to be contacted regarding this application <i>(if different from the above)</i>	Title: Mobile: Email address:

3. Name and information about qualified experts who will use or directly supervise the use of radiation sources(s):							
(a) Users				Person 1	Person 2	Person 3	
Full Name				.....	.....	.....
Academic qualification	Highest academic qualification (e.g. Certificate/ Diploma/ Degree in...) and year of graduation			.....	.....	.....
	Institute			.....	.....	.....
	Country			.....	.....	.....
	Year of graduation			.....	.....	.....
If the qualification attained is not directly to operational of radiation sources	Training in handling/ operating radiation sources (<i>Give the field/ type of training</i>)			.....	.....	.....
	Length of training			.....	.....	.....
	Institute			.....	.....	.....
	Country			.....	.....	.....
Training on Radiation safety/ protection	Length of training			.....	.....	.....
	Institute			.....	.....	.....
	Country			.....	.....	.....
	Year attended			.....	.....	.....
Duration of operation at the center (<i>E.g. Since 2006</i>)				.....	.....	.....
<p>(Attach copies of certificates if not yet submitted to the Commission) (If space is not enough attach a separate sheet)</p>							
(b) Radiation safety officer Details of a person nominated to be Radiation Safety Officer							
Full Name	Tel No.	Address	E-mail	Qualification (e.g. Certificate/ Diploma/ Degree in...) and year of graduation	Training on radiation safety/ protection:		
					Year attended	Institute	Country
.....
<p>(Attach copies of certificates if not yet submitted to the Commission)</p>							

PART II: TECHNICAL DETAILS OF EQUIPMENT

4. Details of the radiation devices and radioactive materials to be used:										
<i>(In this item fill only the applicable part between part (a), (b) and (c). The part which is not applicable write N/A)</i>										
(a) For sealed radioactive sources										
No.	Equipment/ device with Radioactive sources incorporated			Radionuclide	Source S/ No.	Activity	Activity date	Radiation type	Recommended working life	Date installed at the center
	Manufacturer	Device model	Device S/ No.							
(i)
(ii)
(iii)
(iv)
(v)
(vi)
(vii)
(viii)
(ix)
(x)
<i>(Attach copies of Manufacture's certificates of the Radioactive sources)</i>										
Application/ use (e.g. Non Destructive Testing- NDT, Oil well logging, In- stream analysis of slurries, Level detection, Density/ moisture gauge, Thickness control, e.t.c.)										

(b) For unsealed radioactive sources

No.	Radionuclide (E.g. Carbon- 14)	Maximum activity (E.g. 20kBq)	Physical/ Chemical form (E.g. solid/ liquids/ gas + chemical name)	Application (E.g. tracer study of oil well)
(i)
(ii)
(iii)
(iv)
(v)

(c) For devices when energized produce ionizing radiation (E.g. x-ray equipments, accelerators, e.t.c.)

No.	Manufacturer	Model No.	Generator		Tube		Maximum Power			Date of installation
			Tag No.	Ser. No.	Tag No.	Ser. No.	KV _P	mA	Time	
(i)
(ii)
(iii)
(iv)
(v)
(vi)
(vii)
(viii)
(ix)
(x)

Application/ use (e.g. Non Destructive Testing- NDT, Cargo inspection, Sorting, Level detection, Thickness control, e.t.c.)

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PART III: RADIATION PROTECTION AND SAFETY PROGRAMMES AND EMERGENCY PLANS

5. Location where the devices is to be used, stored or installed:			
Region:	Town:	Street/ Area :	
District:	Building No. (If applicable):	Floor:	
If work will be carried out outside the institution, provide the work programme indicating where/ when the source is to be used:			
Assessment of the work place:	Assessor (Institute):	Date:	Conditions:
6. Identify who is (or will) be authorized to perform the service and maintenance of the device (Give the organization name and address)			
7. Describe your organizational and management control systems, including assignment of responsibilities and clear lines of authority related to radiation safety:			
(a) Staffing levels:			
(b) Equipment selection:			
(c) Other assignments of the Radiation Safety Officer, authority of the Radiation Safety Officer to stop unsafe operations:			
(d) Personnel training:			
(e) Maintenance of records including source inventory and leak testing for equipment incorporating radioactive sources:			
(f) How problems affecting safety are identified and corrected:			
(g) Other useful relevant information:			
8. Individual monitoring (If applicable tick where appropriate)			
Are radiation workers being monitored? (Yes <input type="checkbox"/> / No <input type="checkbox"/>)		If Yes give the name of institute providing that service	
Type of personal dosimeters provided to workers?			
Thermo luminescent dosimeter (TLD) <input type="checkbox"/>	Direct reading dosimeter (DRD) <input type="checkbox"/>	Optically stimulated luminescence (OSL) <input type="checkbox"/>	
Others (Specify)		Is the exchange of TLD done within the specified period of time? (Yes <input type="checkbox"/> / No <input type="checkbox"/>)	

Number of personnel being monitored				Any comments to improve the service			
9. List the number of protective equipment (e.g. lead apron, gonad shield, etc.) available at the facility.							
Lead apron	Qty. (Each)	Gonad shield	Qty. (Each)	Lead gloves	Qty. (Pairs)	Collar shield	Qty. (Each)

10. Local rules and supervision							
(a) Describe your training program to ensure that all appropriate personnel are adequately trained in the correct operating procedures and how their actions may affect safety:							
(b) Describe how you would provide workers the information regarding health risks due to occupational exposure:							
(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:							
11. Emergency procedures							
(a) Provide your emergency procedures to address emergencies such as substantial accidental exposure of an individual or any other emergencies envisaged:							
12. Waste Management							
(a) Describe in details the methods which will be used to dispose the radioactive sources when become disused/ spent (<i>It is encouraged to make contracts with supplier to receive the sources when they become disused/ spent</i>):							
(b) If the source will still be in good condition after the work is complete, explain your intention/ plan with the radioactive sources: <i>(Please attach a contract evidence which indicates the acceptance of the source by the supplier/ manufacturer)</i>							

INSTRUCTIONS:

1. All license fee should be deposited to account No. 4081100065 National Microfinance Bank (NMB) Clock Tower Branch, Arusha OR account No. 201111000096 National Microfinance Bank (NMB) Bank House Branch, Dar es Salaam. Account Name is "Tanzania Atomic Energy Commission".

NB. No cash or cheque will be accepted by the commission.

- 2. Return the completed and signed application form being attached with bank pay in slip or relevant bank document of the required payment.
- 3. If there is any unfilled item in the application form with specific reasons then give more detailed explanations on a separate sheet of paper.

PART V: DECLARATION

LEGAL PERSON/ HEAD OF THE CENTER OR REPRESENTATIVE:

I declare that to the best of my knowledge the information provided above are true and correct

Name: Signature

Title: Date:

OFFICIAL STAMP OR SEAL

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: