



**Government of Madhya Pradesh
Public Health and Welfare Department**

**Directorate of Radiation Safety
Madhya Pradesh
(A Radiation Safety Unit of Govt. of M.P.)**

Director Radiation Safety
4th Floor,
Satpura Bhawan,
Bhopal (M.P.).

**APPLICATION FOR SITE & LAYOUT PLAN APPROVAL
AND PROCUREMENT OF MEDICAL X-RAY EQUIPMENT
[COMPUTED TOMOGRAPHY (CT) / INTERVENTIONAL RADIOLOGY (CATH LAB)]**

- (a) This application would be considered by the competent authority for issuance of relevant consents, under the Atomic Energy (Radiation Protection) Rules, 2004.
- (b) The duly filled-in form should be sent to Director, Radiation Safety, Madhya Pradesh, Bhopal 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.health.nic.in
- (e) Attach extra sheets wherever required.

**PART-A
GENERAL PARTICULARS**

- A. 1 Name and address of the institution :
- Telephone No. (O) (R)
- Fax No.
- E-mail
- A. 2 Name, Designation and address of the Head of the institution:§
- Telephone No. (O) (R)
- Fax No.
- Mobile No.
- E-mail
- A. 3 Name and designation of the applicant: #
- Telephone No. (O) (R)
- Fax No.
- Mobile No.
- E-mail
- A. 4 Representative of the applicant to be contacted regarding the application :
- Telephone No. (O) (R)
- Fax No.
- Mobile No.
- E-mail
- A. 5 Address for correspondence with PIN Code :

Applicant is the person in whose name the relevant consent may be issued under AE(RP) R-2004 and should be a full time employee of the institution.

§ The head of the institution is the person who would have the responsibilities of "employer" prescribed in AE(RP) R-2004.

ANNEXURE-32
(Refer Section 3.6.2)

Form ID: AERB/RSD/MDX-CT.CATH/SLA&PROC

PART-B
PARTICULARS OF THE PROPOSED FACILITY

- B. 1 Purpose of the Facility :
- B. 2 Whether the layout approval is for: New/Modified facility
- B. 3 Address of the proposed installation :
- B. 4 Details of the unit to be installed :
- (a) Proposed date of installation :
 - (b) Type of unit : Computed Tomography/Interventional Radiology.
 - (c) Model Name :
 - (d) Make :
 - (e) NOC/Type Approval No. :
 - (f) Maximum operating potential :
 - (g) Maximum operating current :
- B. 5 Name and address of the supplier :
- B. 6 Name and address of the manufacture :
- B. 7 Details of existing units in the facility
- (a) Date and year of installation :
 - (b) Whether the equipment has been licenced : (Yes/No)
(If No, please attach application for layout approval/licence).
- B. 8 Documents to be attached :
- (1) Copy of the NOC/Type Approval Certificate for the unit, as applicable,
 - (2) In case of NOC, an undertaking from the supplier that they shall not supply the unit to any other institution till the unit is type approved by AERB.
 - (3) Two duly signed and stamped copies of the layout plan (scale 1:50) indicating the location of the gantry / X-ray unit, control panel/control room, windows, doors with appropriate lead lining, wall thickness, dimensions and material of the walls are enclosed.
 - (4) Two duly signed and stamped copies of the floor plan (scale 1:100) indicating the location of the CT/Cath Lab rooms, waiting area etc. are enclosed.
 - (5) Proof from local state govt. authorities that the land/plot for installation of facility is in the name of the applicant.

**PART-C
UNDERTAKING**

I/We hereby certify that

- (a) All the statement made above are correct to the best of my knowledge and belief;
- (b) No activity will be carried out for purposes other than those specified in this form;
- (c) Site and layout activities shall be taken only after receipt of approval from **AERB**;
- (d) All provisions of the Atomic Energy (Radiation Protection) Rules, 2004 shall be strictly complied with;
- (e) The facility shall not be transferred/sold/rented/by me/us to another without the prior permission of the **Director Radiation Safety Madhya Pradesh** on behalf competent authority;
- (f) Full facilities will be accorded by me/us any authorised representatives of the competent authority to inspect this installation at any time;
- (g) Radiation surveillance and medical surveillance of all persons engaged in radiation work as required by the competent authority will be duly carried out at may/our expense;
- (h) The facility shall be put into operation only after obtaining Licence from the **Director Radiation Safety Madhya Pradesh** on behalf competent authority;
- (i) All recommendations made from time to time by the Director Radiation Safety Madhya Pradesh on behalf competent authority in respect of radiation safety and physical security measures will be duly implemented;
- (j) Duly qualified and trained manpower (including radiological safety officer, shall be appointed before the commencement of operation of the facility;
- (k) The procedures approved by AERB regarding decommissioning/dismantling and reuse of the site the decommissioned facility will be strictly complied with;
- (l) Will keep **Director Radiation Safety, M.P.** informed about any changes in the information furnished above.

In case, it is found, at any stage, that the information provided by me/us is false and/or not authentic, then I/we hereby accept that appropriate regulatory actions may be initiated against me/us and our institution, in accordance with the applicable Rules.

Place :

Date :

Signature :

Name of the Applicant :

Designation :

Signature :

Name of the Applicant :

Designation :