**NOTE: ALLOW 30 WORKING DAYS FOR ADMINISTRATION**

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| **File no.** |
| **Licence no.** |

1. **DETAILS OF DEALER (SUPPLIER)**

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Contact Person | | Cell |
| 🕿 | Fax | Email |

1. **DETAILS OF PURCHASER (USER)**

|  |
| --- |
| Name & Physical Address: |
|  |

1. **INSTALLATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Complete installation? | Upgrade or Modification? | Licence No. of user (Only for upgrade or modification): | Estimated Date  of Installation: |

1. **INFORMATION CONCERNING THE SYSTEM – Individual components must be listed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Import or Manufacture Licence No.** | **Date of Manufacture** | **Brand** | **Model** | **Serial no** |
| System |  |  |  |  |  |
| Generator |  |  |  |  |  |
| Collimator |  |  |  |  |  |
| Tube Assembly |  |  |  |  |  |
| Table System |  |  |  |  |  |
| Image Intensifier |  |  |  |  |  |
| Erect Bucky |  |  |  |  |  |
| DDR |  |  |  |  |  |
| CR System |  |  |  |  |  |

1. **TECHNIQUE FACTORS**

|  |  |  |
| --- | --- | --- |
| Maximum kV: | kW | Maximum exposure time……s OR ……….mAs |

1. **INSPECTION BODY THAT WILL PERFORM ACCEPTANCE TESTS (ONLY** applicable to Medical X-ray Equipment)

|  |  |
| --- | --- |
| Inspection Body: | SANAS Ref No.: |

1. **DECLARATION by DEALER (SUPPLIER)**

|  |
| --- |
| **I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all information supplied is true and correct.**  **Signature: Date:** |

1. **PARTICULARS OF APPLICANT (USER)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and postal address of individual or organisation: | | | | | |
|  | | | | | |
|  | | | | | Postcode: |
| 🕿 | Fax no.: | | Email: | | |
| Name and postal address of contact person (*If different from above)*: | | | | | |
|  | | | | | |
|  | | | | | Postcode |
| 🕿/Cell: | | Fax no.: | | Email: | |

1. **RESPONSIBLE PERSON (AS APPOINTED BY PURCHASER) -** Must be completed in full**.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | Title | | | | Initials | ID no. | |
| Address | | | | | | | |
| 🕿/Cell | | | Email | | | | |
| Professional Registration Number (Where applicable): | | | | | | | |
| Designation: | | | | Qualification: | | | |
| I am aware of my duties as responsible person[[1]](#footnote-1)♦ | | Signature: | | | | | Date: |

1. **GENERIC DESCRIPTION**

|  |
| --- |
| State the generic code of the product as found on the attached list (see page 4) |

1. **IMAGE PROCESSING**

|  |
| --- |
| Indicate type of image processing (mark with X) **Wet** ( ) **CR** ( ) **DDR** ( ) |

1. **CATEGORY OF USE & QUALIFICATION OF PERSON (S) WHO WILL OPERATE THE UNIT (**indicate with X**)**

**Note:** Medical x-ray examinations may only be performed by appropriately trained persons registered with the HPCSA / AHPCSA in the category: Radiography and / or Radiology.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Qualification** | | | |
| Radiography | Diagnostic | Supplementary | Industrial |  |
| Medical | General Practitioner | Radiologist | Other Specialist |  |
| Dental | Dentist | Specialist | Dental Therapist | Oral Hygienist |
| Veterinary | Veterinarian | Veterinary Nurse |  |  |
| Chiropractic | Chiropractor |  |  |  |
| Non-medical |  | | | |

1. **PARTICULARS OF PREMISES (Where system or component is to be installed)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address - General (i.e. block, floor, room, vehicle reg. no.) | | | | | | |
| Section | | | | Street | | |
| Building | | | | | | |
| Suburb | | | | | Postal code | |
| Is the above premises Licenced with Radiation Control? (Please indicate) | YES | NO | Radiation Control Licence number | | |  |

1. **TYPE OF INSTALLATION** (Please COmplete **EITHER** SECTION 14.1 OR 14.2)
   1. Enclosed installation ***(X-ray equipment which is installed and used within the same enclosure or room.)***

|  |
| --- |
| **Please attach a diagram or plan** indicating the appropriate enclosure or room with special reference to:  (a) The normal location of the x-ray tube; the direction and extent of x-ray tube movement; general direction(s) of the useful beam; locations of any windows and doors; the location of the operator's booth; and the location of the x-ray control panel.  (b) The structural composition and thickness (1/2 brick thickness) or lead equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned.  (c) The dimensions of the room(s) concerned.  (d) The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present. |

* 1. **Open installation**

|  |
| --- |
| State why an enclosed installation is not likely to be practicable. ***(e.g. Mobile / Portable X-ray equipment)***  .......................................................................................................................................................................................... |

1. **DOSIMETRY SERVICE**

|  |
| --- |
| Name of dosimetry service that will be made use of: |

1. **DECLARATIONs BY THE PURCHASER (USER)**

|  |  |
| --- | --- |
| Intended purpose of the unit/component: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I, (PLEASE PRINT) .................................................................................................................... hereby declare that the information supplied is to the best of my knowledge true and correct. | |
| Signature: | Date: |
| Designation: | |

|  |  |  |
| --- | --- | --- |
| **For office use only** | **Checked by:** | **Checked by:** |
| Unit **MAY** be installed | | Approved by  Reference no:  Class  Lic No.  Date |

**Generic codes for listed x-ray devices**

***Medical diagnostic electronic products***

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of unit** | **Generic code** | **Type of unit** | **Generic code** |
| Rad units general purpose - Table/Erect bucky | M010 | Rad units mobile - battery powered | M062 |
| Rad units general purpose - Table/Erect bucky - digital | M010D | Rad units mobile - battery powered - digital | M062D |
| Rad units general purpose - Compact systems | M020 | Rad units - portable | M063 |
| Rad units general purpose - Compact systems - digital | M020D | Rad units - student training | M064 |
|  |  | Rad Tomographic - Dedicated | M070 |
| Rad units chest - dedicated | M030 | Lodox | M000 |
| Rad units chest - mass mini | M031 | RAD/FLUOR general purpose | M080 |
| Rad units chest - mass mini and general | M031G | RAD/FLUOR general purpose - remote | M081 |
| Rad units chest - digital | M032 | RAD/FLUOR general purpose - remote digital | M081D |
| Rad units dental - intra oral | M040 | RAD/FLUOR general purpose - mobile | M082 |
| Rad units dental - intra oral - digital | M040D | RAD/FLUOR general purpose - mobile digital | M082D |
|  |  | RAD/FLUOR general purpose – mini mobile | M082M |
| Rad units dental - intra oral - portable | M040P | RAD/FLUOR general purpose - portable | M082P |
|  |  | RAD/FLUOR spec proc – robotic arm | M082R |
|  |  | RAD/FLUOR forensic med mobile | M083 |
| Rad units dental - pan | M041 | RAD/FLUOR spec proc - angiographic | M090 |
| Rad units dental - pan - digital | M041D | RAD/FLUOR spec proc - angiographic digital | M090D |
| Rad units dental - pan & ceph | M041C | RAD/FLUOR spec proc - cardiac | M091 |
| Rad units dental – pan – 3D | M044 | RAD/FLUOR spec proc - cardiac digital | M091D |
| Rad units dental - pan CT | M042 | RAD/FLUOR spec proc - urology | M092 |
| Rad units dental - dental CT | M043 | RAD/FLUOR spec proc - urology digital | M092D |
| Rad units mammographic | M050 | CT scanner | M100 |
| Rad units mammographic - digital | M050D | PET CT scanner | M101 |
| Rad units mobile - conventional | M060 | Spect scanner | M102 |
|  |  | CT Scanner: Mobile | M103 |
| Rad units mobile – conventional - digital | M060D | Lithotripter | M120 |
| Rad units mobile - conventional fixed | M060F | Absorptiometers (bone densitometer) | M130 |
| Rad units mobile – CDU | M061 | Radiotherapy simulator | M140 |
| Rad units mobile – CDU fixed | M061F | CT simulator | M140C |

***Non-medical electronic products***

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of unit** | **Generic code** | **Type of unit** | **Generic code** |
| Luggage, mail and other articles inspection unit - conveyor belt | NM010 | X-Ray Fluorescence (XRF) | NM078 |
| Luggage and mail inspection unit - cabinet | NM011 |  |  |
| Luggage and mail inspection unit - portable | NM012 |  |  |
| Inspection of cargo contents | NM013 |  |  |
| Inspection: Packaging and food | NM014 |  |  |
| Luggage and mail inspection unit - mobile | NM015 |  |  |
| Inspection of cargo contents – mobile | NM016 |  |  |
| Inspection: Vehicle & contents | NM017 |  |  |
| Inspection: Portable Digital | NM018 |  |  |
| Industrial radiography unit | NM020 |  |  |
| Fixed industrial FLUOR unit (Realtime) | NM021 |  |  |
| Mobile industrial FLUOR unit (Realtime) | NM022 |  |  |
| Cabinet unit to verify integrated circuits | NM023 |  |  |
| Industrial radiography unit - portable | NM024 |  |  |
| Industrial radiography unit - mobile | NM025 |  |  |
| Colour monitors | NM030 |  |  |
| Colour monitors - other | NM031 | X-ray apparatus for student experiments | NM200 |
| Diamond sorting unit | NM040 | Research (animal laboratory) | NM201 |
| Sorting unit | NM041 | Van de Graaff accelerator | NM202 |
| Neutron generator | NM050 | Accelerator for industrial sterilisation purposes | NM203 |
| Scanning people - Transmission | NM060 | Thickness gauge | NM210 |
| Scanning people - Backscatter | NM061 | Level gauge | NM211 |
| Diffractometer | NM070 | Inspection of food and pharmaceuticals for contaminants | NM212 |
| Spectrometer | NM071 | Electron welding machine | NM220 |
| Electron microscope | NM072 | Rad units - veterinary | NM230 |
| Automatic particle size analyser | NM073 | Rad/fluo units - veterinary | NM231 |
| X-Ray Fluorescence (XRF) - Portable | NM074 | Rad units – veterinary - portable | NM232 |
| Electron Probe | NM075 | Ion implantation unit | NM240 |
| Inspection: CT Scanner | NM076 | Ion implantation unit | NM250 |
| Bench top analyser | NM077 | RAD/FLUOR forensic medicine mobile | NM260 |

1. ♦SAHPRA Guidelines documents available: <https://www.sahpra.org.za/radiation-control-guidelines-and-codes-of-practice/>. [↑](#footnote-ref-1)