



NUCLEAR REGULATORY AUTHORITY

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Date:

NUCLEAR REGULATORY ACT, ACT 895, 2015

(SECTION 21)

Application for Authorisation for the use of

Radiation emitting Device

1. Name of Applicant:
Telephone No.:
Address:
Fax No.
Email:

2. Name and Address of owner where the device will be used,
Stored or installed
.....
.....

3. Name and Address of the responsible Radiation Protection Officer
.....
.....
Qualification:
Nationality:
If Non-Ghanaian, Work Permit No.:

4. List the names of authorised users (attaché certified copies of certificates)

Name	Title	Qualification	Nationality
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.....
.....

Part "A" X-Ray equipment

(Use a separate form for each x-ray equipment)

5. **Identification**

Name of Manufacture:

Model:

Control Console Type:

Serial No.:

Tube Head Type:

Serial No.:

Tube Insert Type:

Serial No.:

6. **Type of Installation**

a) Fixed/mobile

b) Combine/Radiography/Fluoroscopic/Photofluorographic/cine
fluorography/dental

c) Others

7. **Rectification**

Specify:

Single phase: Self/half wave/ full wave

Three phase: Six pulse/twelve pulse

Constant potential

Capacitory energy storage

8. **For combined Radiographic/Fluorographic Equipment**

Indicate the flowing:

Bucky Radiography/Serial Radiography/Tomography/Fluorescent screen/image intensifier with spot camera for 70mm/100mm of optical viewer or television/cine camera for 16mm/35mm continuous operation/pulse operation.

(Specify) max.

Frame speed:

Frames/sec:

9. Total Rating

(a) For capacitor discharged equipment

Peak tube Voltage

Max quality charge

Coulombs or Condenser capacitance μ F

(b) For pulsed Equipment

Peak tube Voltage

No. of x-ray pulses

(c) For other Equipment

Peak tube voltage

Max. Tube current

Max. exposure time

Max. mAS

10. Filtration

Inherent FiltrationmmA1

Added FiltrationmmA1

11. Timer

(a) Built in monitoring system/filter safety switch.....

(b) Automatic exposure control - photo timer ionization type

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12. Tube insert

Stationary anode/Rotating anode

Air cooled/oil cooled/grid controlled/non grid controlled

Fine focus

Broad focus

Heat storage capacity

Cooling rate

13. Stabilization

Main voltage stabilization/voltage stabilization/tube

Current stabilization.

Specify % Fluctuation in output

14. Collimation

Cones/single - leaf/multi - leaf/applicators/light beam

15. Directions in which exposure can be made

One direction/two directions/multi-directions

(Specify the orientations in the layout of the facility)

16. Describe use of the authorised device(s)

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17. Describe Radiation Monitoring Equipment to be used

TYPE MANUFACTURER MODE#TYPE OF RADIATION SENSITIVITY
DETECTED

18. Calibration of Instruments listed in Item 17

Calibrated by A service Company

Radiation Protection Institute (RPI)

Frequency Quarterly

Yearly

19. Personnel Monitoring Service

Type	Supplier	Frequency of Exchange
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20. Attachment

Provide a description of each individual's educational background and experience with radiation.

Provide a resume of emergency plan and procedures to deal with any foreseeable accident/incident.

A layout of the facility specifying the orientations in which exposures will be made.

Any other information relevant to the prompt processing of this application.

21. Certification

The applicant and any other official executing this certification on behalf of the named applicant, certify that all information provided therein, including any attached hereto, is true and correct to the best of his/her knowledge and belief.

Warning-ACT 895 of 2015, Section 77 makes it a criminal offence to make a willful false statement(s) or representations(s) to the Nuclear Regulatory Authority or any authorized Inspector(s).

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Certifying Officer

.....

Name of Certifying Officer

.....

Title

Date: