**Section A. CHANGE OF RESPONSIBLE PERSON / ADDITIONAL RESPONSIBLE PERSON**

**Section B. RESIGNATION / TERMINATION OF RESPONSIBLE PERSON**

|  |
| --- |
| **For office use only** |
| **File no:** |
| **Licence no:** |
| **Code:** |

NOTE: ALLOW 30 DAYS FOR ADMINISTRATION

**PARTICULARS OF APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and postal address of licence holder: | | | | |
|  | | | | |
|  | | | | Postcode: |
| 🕿 | Fax no.: | | E-mail: | |
| Name and postal address of contact person (*If different from above)*: | | | | |
|  | | | | |
|  | | | | Postcode: |
| 🕿 | | Fax no.: | | |

# DECLARATION (by the applicant):

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

**Section A.: CHANGE OF RESPONSIBLE PERSON/ ADDITIONAL RESPONSIBLE PERSON**

# Details of new responsible person

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | Title: | | | Initials: | ID no: | |
| Address: | | | | | | |
| Email: | | | Cell.no: | | | |
| Experience regarding radiation protection: | | |  | | | |
| Designation: | | | Qualification: | | | |
| HPCSA Registration number: | | |  | | | |
| I am aware of my duties as responsible person[[1]](#footnote-1)♦ | | Signature: | | | | Date: |

**APPOINTMENT OF RESPONSIBLE PERSON [[2]](#footnote-2)**

## The licence holder must appoint a responsible person that has

# adequate knowledge and experience in the field of radiation protection in general; as well as specific aspects of radiation protection as applicable the installations under his/her control,

# **DUTIES OF RESPONSIBLE PERSON**

## Responsible person must ensure that:

* The equipment and the facilities, in which such equipment is installed and used, meet all applicable radiation safety standards.
* The equipment is maintained and functions properly.
* The equipment is used and maintained only by competent and appropriately trained persons / personnel.
* Applicable Quality Control (QC) tests are performed at the prescribed frequencies as stipulated in “Diagnost QC” document on SAHPRA: Radiation Control website**; ( medical use only)**
* The required QC equipment is provided; **(medical use only)**
* Ensure that radiation surveys to monitor safe performance of equipment and to monitor radiation levels in work areas are undertaken.
* Radiation workers (occupationally exposed persons) are identified and issued with personal radiation monitoring devices (PRMD’s).
* The appropriate protective clothing, devices and equipment is provided to personnel and properly used.
* Radiation safety rules are communicated to and followed by all personnel.
* Operational procedures are established and maintained to ensure that the radiation exposure to workers, patients and public is kept as low as reasonably achievable (ALARA) without compromising the diagnostic efficiency of the result, and
* Workers are educated in the hazards and risks of ionising radiation.

**Section B.: RESIGNATION / TERMINATION OF RESPONSIBLE PERSON**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | Title: | | | Initials: | ID no: | |
| Address: | | | | | | |
| Email: | | | Cell.no: | | | |
| Designation: | | | Qualification: | | | |
| I request removel of my details as Responsible person | | Signature: | | | | Date: |

|  |  |
| --- | --- |
| **For office use only** | |
| Type of modification/disposal | Generic code |
| Change of responsible person | DP010 |
| Additional responsible person | DP011 |
| Resignation/ Termination | DP012 |
|  |  |

1. ♦ SAHPRA Guidelines documents: →[http://www.sahpra.org.za >health products > radiation control Code -](http://www.sahpra.org.za health products Code -) users of medical x-ray equipment → Pt. 4 [↑](#footnote-ref-1)
2. Refer to: http://www.sahpra.org.za >health products > radiation control -

   Regulations Concerning the Control of Electronic equipment.

   Code of practice for users of medical x-ray equipment. [↑](#footnote-ref-2)