

DEPARTMENT OF HEALTH

Directorate: Radiation Control

APPLICATION FOR A LICENCE TO USE, OPERATE, APPLY, INSTALL OR KEEP INSTALLED A MAGNETIC RESONANCE IMAGING (MRI) DEVICE/SYSTEM

Section 4(1)(b)&(c), Hazardous Substances Act, 1973 (Act 15 of 1973)

Postal Address: Director: Radiation Control, Private Bag X62, Bellville 7535
 Street Address: 2nd Floor, Louwville Place, cor. Vrede & Kort St., Bellville 7530
 Enquiries: Tel: 021 – 957 7483 Fax: 021 – 946 1589

A: APPLICANT

B: PREMISES

| | |
|------------------------|------------------------|
| Name: | Street Address: |
| Postal Address: | |
| | |
| | |

C: DETAILS OF ELECTRONIC PRODUCT

| | |
|-----------------------------------|-------------------|
| Name of Product: | Serial No: |
| Manufacturer/Refurbisher: | |
| Supplier (in SA): | |
| Magnetic Field Strength: | |
| Product Import Licence No: | |

D: TYPE OF INSTALLATION (indicate with X)

| | | | | | | | |
|---------------|--|----------------|--|-------------|--|-------------------------------|--|
| Fixed: | | Mobile: | | New: | | Fully Refurbished: | |
|---------------|--|----------------|--|-------------|--|-------------------------------|--|

E: FIXED INSTALLATION

| |
|---|
| Attach a detail floor plan of the installation, clearly indicating the 0.5 mT contour. |
| Also provide details about: |
| 1. Occupancy of the floor above the MRI room (indicate if not applicable): |
| |
| 2. and below the MRI room (indicate if not applicable): |
| |

F: MOBILE INSTALLATION

Attach a detail plan of the layout of the installation, indicating the 0.5 mT contour.

Also provide information about the measures instituted to prevent unauthorised access to the area(s) where the magnetic field strength exceeds 0.5 mT:

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G: USES

Provide a brief description of the intended uses of this electronic product:

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| |

H: RESPONSIBLE PERSON

Name:

Identity No:

Tel:

Cell:

Fax:

E-mail:

Academic Qualifications:

Experience/Training regarding MRI (incl. safety aspects):

I declare the aforementioned information to be true and correct to the best of my knowledge.

Designation:

Signature:

Date: