

4. Maximum capacity (source strength) of the telegamma therapy unit :TBq
5. Leakage radiation levels at 5 cm from the source housing and at 1 metre from the source in the "ON" position at maximum source strength : μ Sv/h at 5 cm
: μ Sv/h at 100 cm
:TBq
6. Stray radiation levels at a distance of one metre from the source when source/radiation beam is in the "ON" position at maximum source strength : μ Sv/h at 100 cm
:TBq
7. Beam output at one metre from the source of a specified strength :Gy/min
8. Details of automatic beam "OFF" provisions: in the event of power failure or at the termination of pre-set exposure or any other type of failure of the system (please attach detailed description and relevant drawing)
9. Details of manual beam "OFF" provision in the event of failure of automatic provisions (please attach detailed description and relevant drawing)
10. Details of backup system for beam/source "ON" time display (please attach detailed description and relevant drawing)
11. Built-in safety features/operational procedure to prevent any radiologically unsafe malfunction of the equipment :

D. Details of beam limiting devices and accessories

1. Maximum field size at SSD/SAD :
2. SSD/SAD :
3. Wedge filters available :
(provide details of wedge angle, thickness, isodose chart available etc.)
4. Beam applicators (provide details) :
5. Spare parts made available :

E. Source transfer, servicing and certification

1. Can the source transfer be done at the hospital : Yes/No
 2. If yes, a) Transport container locally available and : Yes/No
b) the transport container is type: approved (attach certificate) : Yes/No
 3. If No, the source head is approved for transport of the source in the head (please attach Type B(U) certificate) : Yes/No
 4. Indigenous availability of source : Yes/No
 5. Are trained Engineers available in India for source transfer, servicing and to attend the emergency situations, if Yes, give their name(s) and designation : Yes/No
 6. Anticipated useful life of the unit
 7. Does this unit is type approved by the competent authority of the country of manufacture (if Yes, please furnish the certificate from the competent authority) : Yes/No
 8. Any other information you may like to furnish
- F. Specify the National Standard, to which the teletherapy unit comply : Bureau of Indian Standards/IEC/ any other (specify)

I certify that all the information furnished by me are correct to the best of my knowledge and belief.

Place : Signature :
Date : Name :
Designation :
(Seal of the Office)