

**Government of India
Atomic Energy Regulatory Board
Radiological Safety Division**

Niyamak Bhavan,
Anushaktinagar,
Mumbai – 400 094

**PROFORMA OF PARTICULARS REGARDING IMPORT/PROCUREMENT AND
SUPPLY OF GAMMA IRRADIATION CHAMBERS /GAMMA CELL (CATEGORY-I
IRRADIATOR) TO THE AUTHORIZED USERS**

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1. Details of all the Gamma Irradiation Chamber (GIC)/Blood Irradiator/Gamma Cell, herein referred as Gamma Irradiation Chambers (Category -I Irradiator) supplied to the authorize user institutions shall be furnished in this format to Head, RSD, AERB, in the first week of January & July every year, as per the terms and conditions of the Type Approval of GIC ssued under the Atomic Energy (Radiation Protection) Rules, 2004.
 2. Attach extra sheets, if required.
 3. For further details of the regulatory requirements and relevant proformas in respect of IRGD/Nucleonic gauges, please refer to our website at: www.aerb.gov.in
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Reporting Duration:

Details of Manufacturer/Vendor of GIC

1. Name and address of the institution:

Telephone: Fax:
E-mail:

2. Name and designation of the Head of the institution :

(Person in whose name Type Approval has been issued by AERB)

Name :
Designation:

Telephone: Fax:
Mobile : E-mail:

3. Name of the Radiological Safety Officer(s) (RSO):

- a) Ref. no. of the AERB approval :
- b) Date of issuance :
- c) Valid upto :

Telephone: Fax:
Mobile : E-mail:

4. Name and address of the person in charge to be contacted in case of emergency:

Telephone:
E-mail:

Fax:
Mobile :

5. **Particulars of the Personnel {Engineer/Technicians} involved in the installation, servicing/ maintenance/ repair of the GIC**

Sr. No.	Name and designation of the personnel	Educational qualification	Training in Radiation Safety Aspects, if any	**Where and when trained	PMS# number
1					
2					
3					
4					

{** Attach the training passing certificate, # PMS- Personnel Monitoring Services}

6. **Details of Radiation Survey Meters (RSM) in working condition available with the supplier's:**

Details of RSM	1	2	3
Make			
Model			
Sr. No			
Date of recent Calibration			
Functional Status			

7. **Details of the GIC storage facility for temporary storage of GIC to be supplied or kept for disposal purpose:**

(Attached a sketch of lay out indicating the area of the room, wall/roof structure and thickness, peripheral occupancy, security measures etc.)

8. Details of the GIC Imported & supplied:
(Attach extra sheet if required)

A) Details of the GIC imported by supplier :

Sr. No	Make & Model & Sr. No. of GIC	Number Of GIC	Source & Activity Bq (Ci)	Reference no. with date of NOC/ authorization issued by AERB	Present status IRGD (whether supplied to user/stored at your site)

B) Details of the GIC supplied to authorized users :

Sr. No	Name of the user institution to whom GIC supplied	Reference no. with date of NOC/ authorization for import/procurement issued by AERB	No. of GIC along with activity Bq (Ci)	Make/ Model & Sr. no. of GIC SS	Present status of GIC (uninstalled/ operating/ not in use/ under repair/ to be disposed off)

9. Details of the Servicing /maintenance/ repair of GIC during the reporting period:
(It shall be noted that no repair work in respect safety systems pertaining to operation of GIC's to be carried out without prior approval from this Division)
 Details of the replacement/modifications with regards to components of GIC

10. Particulars of the disposal of disused GIC or decayed sources replacement:

Sr. No .	Name of the user institution where source is replaced	Reference no. with date of NOC/ authorization for disposal /export of decayed sources	No. of decayed sources with activity Bq (Ci)	Make/ Model & Sr. no. of GIC	Present status GIC (under custody of user/ supplier/ disposed off)

11. Particulars of the enhancement of the activity in GIC's:

Sr. No .	Name of the user institution where source supplied	Reference no. with date of NOC/ authorization for import/procurement	No. of Sealed sources along with activity Bq (Ci)	Make/ Model & Sr. no. of GIC	Present status GIC (installed/to be installed/under custody of user/ supplier)

12. Unusual incidents/accidents, if any, involving GIC:

13. Particulars of the awareness program on handling of GIC carried out for the users, if any:

14. Any other information:

I hereby certify that the above particulars are true to the best of my knowledge and belief and are in complete conformity with the applicable terms and conditions of authorization and that the sources in our possession and to whom we have supplied have been verified by me and found satisfactory from radiation safety and security point of view.

Signature
Name of the RSO :

Signature :
Name and designation
of the Head of the institution:

Place:
Date:

{Seal of the Institution}
