

## SRI LANKA ATOMIC ENERGY ACT, NO. 40 OF 2014

APPLICATION FOR OBTAINING APPROVAL FOR DIAGNOSTIC X-RAY  
ROOM PLANS

1. Name of the Applicant		
2. Name of the Institute		
3. Address where the X-ray room is located		
4. Mailing address (if not same as above)		
5. Contact details	<i>Telephone</i> :	
	<i>Fax</i> :	
	<i>E-mail</i> :	
6. Type of the facility/ facilities (Please select)	General X-ray-Static <input type="checkbox"/>	Bone density <input type="checkbox"/>
	General X-ray-Mobile <input type="checkbox"/>	Scanner <input type="checkbox"/>
	Digital X-ray <input type="checkbox"/>	CT <input type="checkbox"/>
	Dental X-ray <input type="checkbox"/>	C-arm <input type="checkbox"/>
	Mammography <input type="checkbox"/>	Angiography <input type="checkbox"/>
		Fluoroscopy <input type="checkbox"/>
	Others (specify) .....	
7. Purpose of use		

Which of the following documents you have submitted with this form? (Please mark '√' in the relevant boxes)

- A. Appendix-1  
 B. Appendix-1 with separate room plan/plans  
 C. Appendix-2


.....  
**Signature of the applicant & seal**

.....  
**Date**

***Application should be submitted to the following address enclosing the relevant Appendixes.***

*Director, Sri Lanka Atomic Energy Regulatory Council, No. 977/18, Kandy Road, Bulugaha Junction, Kelaniya, Sri Lanka.*  
*Tel : 94-11-2987860 Fax: 94-11-2987857*

This form should be duly filled and attached with the application.

**SPECIFICATIONS OF THE X-RAY ROOM**

***X-ray Room***

Size of the room	Length : ..... cm Width : ..... cm
Wall material (please select)	Clay bricks / Concrete / Other (Specify) .....
Wall thickness (cm) - <i>Walls should be designated if different thicknesses are used</i>	
Slab thickness ( <i>for multi-storey buildings</i> )	

***Doors - Lead shielded doors should be indicated in the plan***

Thickness of the lead shielding of doors and door frames (mm) - <i>Doors should be designated if more than one door is provided</i>	
Lead equivalency (mm) of the viewing glasses fixed to the doors (if any)	
Size of the lead equivalent viewing glasses fixed to the doors	Length : ..... cm Width : ..... cm

***Control room/cubicles***

Wall material (please select)	Lead / Clay bricks / Concrete / Other (Specify) .....
Wall thickness (mm)	
shape	<i>Draw in the plan with dimensions where it is going to be built/installed</i>
Available monitoring facilities for the operator (please select)	Lead equivalent viewing glasses / CCTV
Lead equivalency (mm) of the viewing glass fixed to the control room/ cubicle	
Size of the lead equivalent viewing glass	Length : ..... cm Width : ..... cm

***Film processing***

Film processing system (please select)	Manual / Digital / CR
Size of the dark room	Length : ..... cm Width : ..... cm
Specifications of cassette pass box	

.....  
**Signature of the applicant & seal**

.....  
**Date**

**Instructions:**

- a. Draw the layout of X-ray room in the space provided below. If the space is insufficient attach the drawing/s separately.
- b. Details of adjacent rooms to the proposed X-ray room should be indicated in the drawing.
- c. Plan should be drawn to the scale and attach with the application.



**Declaration of the applicant:**  
I hereby declare that the X-ray machine will be installed in the above room after requirements of Sri Lanka Atomic Energy Regulatory Council (SLAERC) are fulfilled.

.....  
**Signature of the applicant & seal**

**Approval of SLAERC:**

.....  
**Director/SLAERC**