# Installation and operational guidance on ultraportable handheld x-ray device (HHXray) for Tuberculosis screening in the community

Central TB Division Ministry of Health and Family Welfare, New Delhi August 2023

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# Section 1: Key stakeholders and their roles and responsibility

The below table outlines the key stakeholders and their roles and responsibility from pre-delivery of ultraportable handheld x-ray (HHXray) device till obtaining the operational license for it:

| Category          | Organization  | Key Stakeholder  | Roles and responsibility   | Details                    |
|-------------------|---|--|--|----------------------------|
|                   | Central TB<br>Division, Ministry<br>of Health &<br>Family Welfare,<br>Govt of India |  | Overall monitoring and guidance at National level  | Section 2.1                |
|                   | Atomic Energy<br>Regulatory Board<br>(AERB)   |  | <ol> <li>Approval of HHXray<br/>Procurement Letter</li> <li>Issuance of Operational<br/>License</li> </ol>   | Section 2.3<br>Section 3.4 |
| National<br>Level | TLD Agency<br>(BARC Approved)   | Zone-wise<br>distribution of<br>Agencies<br>provided in<br>Section 2.4 | Issuance of TLD Badges   | Section 2.4                |
|                   | NGO Partner<br>William J Clinton<br>Foundation<br>(WJCF)                            | National WJCF<br>Programme<br>Management<br>Unit                       | Procurement of HHXrays for<br>Central TB Division and<br>active Case finding in 24<br>implementation districts in<br>8 States  |                            |
|                   | HHXray vendor   |  | <ol> <li>Delivery, Installation,<br/>Quality Assurance,</li> <li>Obtaining Operational<br/>License</li> </ol>  | Section 3<br>Section 4     |
| State<br>Level    | State TB Team   | State TB Officer<br>(STO)  | <ol> <li>Identification of sites</li> <li>Coordination for<br/>delivery, installation and<br/>licensing</li> <li>Programmatic activities</li> <li>Monitoring of outcomes<br/>at State level</li> </ol> | Section 2<br>Section 3     |
|                   |   | State TB Single<br>Point of Contact<br>person (SPOC)                   | <ol> <li>All intra-State level<br/>coordination with DTOs,<br/>NHM, CTD and</li> </ol>   | Section 2<br>Section 3     |

|                   | State Health<br>Department                                 | (Nominated by<br>STO)<br>National Health<br>Mission  | <ol> <li>Coordination with NGO/<br/>HHXray vendor for<br/>Operational license is<br/>issued</li> <li>Necessary approval</li> <li>Facilitate site<br/>identification</li> <li>Activity monitoring</li> </ol>             | Secti<br>on 6                       |
|-------------------|--|--|---|-------------------------------------|
|                   | NGO Partner<br>[William J Clinton<br>Foundation<br>(WJCF)] | State Lead*<br>(*support in 8<br>states - Bihar,<br>Rajasthan,<br>Gujarat, Haryana,<br>Uttarakhand,<br>Uttar Pradesh,<br>J&K and Kerala) | Support STO, State TB SPOC<br>& DTOs and coordinate with<br>HHXray device vendor for<br>site identification, pre-<br>delivery process, delivery,<br>licensing and utilization   | Section 2<br>Section 3<br>Section 6 |
| District<br>Level | District TB Team   | District TB Officer<br>(DTO)<br>Facility In-charge<br>Radiation safety<br>officer (RSO)  | <ol> <li>Receiving HHXray<br/>machines</li> <li>Applying for<br/>Procurement Letter,<br/>Signing of Installment<br/>Report</li> <li>Quality Assurance<br/>Report and<br/>Downloading<br/>Operational License</li> </ol> | Section 2<br>Section 3<br>Section 5 |
|                   | NGO Partner<br>[William J Clinton<br>Foundation<br>(WJCF)] | District NGO<br>Supervisor*<br>(*support at 33<br>sites listed in<br>Annexure H)<br>From the Districts                                   | Facilitate DTO in the pre-<br>delivery process, delivery,<br>training, obtaining license<br>and field activity  | Section 5<br>Section 6              |
|                   | Radiographer /<br>Xray technician                          | NHM<br>(*radiographer<br>will be hired from<br>WJCF for selected<br>33 sites listed in<br>Annexure H for<br>limited period)              | Responsible for handling,<br>storing & operating the<br>HHXray device   | Section 2<br>Section 5<br>Section 6 |

# Section 2: Pre-Delivery Process

## 2.1 Nomination of State TB Single Point of Contact (SPOC)

- 2.1.1 The State TB Officer (STO) is expected to designate a SPOC responsible for overseeing and assisting with all activities related to the HHXray device, coordinating with CTD, including finalizing the district/facility, identification of sites, facilitate installation and licensing with the district.
- 2.1.2 SPOC will also be coordinating with various stakeholders within the state such as DTOs, CMHO/CMO/CDHO, Facility-in-charge, NGO Partners, and HHXray device vendors to monitor and ensure compliance for the following:
  - 1. Facility identification for installation, registration & device storage
  - 2. Issuance of procurement letter
  - 3. Installation, quality assurance process and report generation
  - 4. Application and receipt of operational license
  - 5. Progress of active case finding activities.

#### 2.2 Ownership & Insurance of Device

- 2.2.1 The State health department / State TB Cell will be the owner of HHXray device. When supply of HHXray device by the vendor, the district health department / district TB cell should receive, take custody of the equipment(s) and inform State health department/ State TB Cell and SPOC. The SPOC should facilitate sharing of the information to CTD through STO about receiving and installation.
- 2.2.2 All the devices will be under warranty and insured for the first 2 years. The Insurance documentation will be shared with the DTO after the delivery of the devices. The DTO should ensure that the insurance document should be made available to the DTO office.
- 2.2.3 After the initial 2-year period, the insurance and comprehensive maintenance contract (CMC) should be procured by the state health department. The budget should be proposed under National Health Mission's Programme Implementation Plan (NHM PIP).

#### 2.3 Identification of Facility for Storage

- 2.3.1 For the HHXray device registration and storage, under the guidance of STO, the SPOC will coordinate with the DTO to identify a suitable health facility preferably District TB Centre/ District Hospital (DH)/ Community Health Center (CHC) equipped with an existing X-ray facility. The existing X-ray facility will aid in the registration of the new HHXray device.
- 2.3.2 Consider the following requirements for storage to ensure safety and accessibility:
  - a) Essential requirement
    - The device can be fitted in the cupboard and stored. However, for security reasons, it is preferable to store HHXray in a secure room which has a lock & key. Either room

or cupboard where the equipments stored should be have a sanitary environment, with no water leakages or dust. The device must not be stored in an area under direct sunlight.

- The device is available with rechargeable batteries. 5amp charging point is adequate. Active charging points for charging the various components of the device should be identified in the room.
- A logbook should be maintained to record the time of taking out and storing of device on daily basis. The logbook will be monitored by DTO/Facility In-charge daily. The logbook should have the below details:
  - The Name/ designation & contact number of the person along with time of taking out the device from facility.
  - Name/ designation & contact number of the person along with time of bringing back the device to the facility.
- The facility in-charge should provide access to the storage room to designated personnel as nominated by the DTO for utilizing HHXray device.
- In cases where an NGO Partner is conducting community activity and active case finding (ACF) camps and has required manpower to operate the device, the DTO should nominate and provide access based on camp days and timings.

## b) Desirable (not mandatory)

- o CCTV Monitoring mechanism at the facility
- Availability of Security Guard.
- 2.3.3 Any request for change of designated storage space should only be possible with the consultation with the facility in-charge. The DTO should be informed through official email communication regarding the change in storage space.
- 2.3.4 If under any circumstances HHXray device needs to be transported or stored by any personnel other than the designated person, the same needs to be informed to the DTO over phone (immediately) and via email (later) and the same will also be recorded in the logbook.
- 2.3.5 The device and other components of the device should only be stored in the designated case and should not be stored in any other way.
- 2.3.6 The device, detector battery, and the laptop should be charged one day prior to the use of device for next camp.

- 2.3.7 Any issues related to storage of HHXray device are to be raised to the DTO for resolution/ approval, while keeping SPOC informed.
- 2.3.8 **Alternate Facility Selection:** In the special circumstances, office premise of NGO partner involved in the active case finding work may be considered as an alternative if it meets the essential criteria for storage. The NGO partner involved in active case finding must share periodically the plan of taking out the device and the logbook for verification.

*Kindly note:* this Alternate facility can only be used for storage and not for device registration.

#### 2.4 Registration & Procurement of Device:

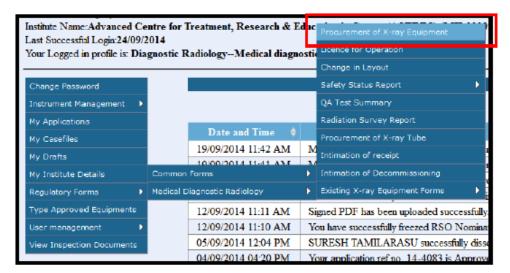
2.4.1 The identified facility for HHXray device registration should be a facility which has an existing X-ray registration done with the Atomic Energy Regulatory Board (AERB) with valid facility login details, registered email and mobile number. Thus, it should be preferred to register HHXray either in DTC or District Hospital (DH) or one of the Community Health Centre.

*Kindly note:* when logging in to the AERB portal from the exiting registered email and mobile number, there should be no pending notifications/tasks for the facility (e.g. pending training, radiation check etc. for existing machine) as this may delay the process of application.

- 2.4.2 If there are any pending notifications/tasks the DTO and SPOC should address it along with the Radiation safety officer (RSO).
- 2.4.3 AERB Login portal provided in Annexure A.
- 2.4.4 DTO/ facility in-charge should apply for Procurement Letter on AERB (eLORA) portal (<u>https://elora.aerb.gov.in/ELORA/populateLoginAction.htm</u>). The Procurement Letter is an application form that is used for the approval of procurement/ import of any Radiography Exposure Device.

| AERB REAL PROVIDENCE OF                              | overnment of India<br>tomic Energy Regulatory Board<br>Licensing of Radiation Applications (eLOR<br>lable without login to eLORA. Please visit www.aerb.gov.in -> e-Lic | A) System   | REAL-> Quick Help on e-LORA. You can use        |
|--|---|---|---|
| •  | related to eLORA kindly contact eLORA help desk (elora.info@aerb.gov.in: 02   | , , ,   |   |
|  | d@aerb.govin; 022-25990663) and to Head, IAS (ias.rsd@aerb.gov.in; 022-2599<br>(head.rsd@aerb.gov.in; 022-  | 0417) for Industrial Applications. If need es                               |   |
| Guidelines   | Frequent Queries RP/Institute registration status   Reason for non-acceptance   | Registration Form   | Quick help on eLORA                             |
| Diagnostic Radiology                                 | Correction in e-mail id and mobile no.   Login issues  <br>Profile/role issues   Practice issues  | Register Radiation Professional (RP)  | Login     Institute      Radiation Professional |
| Related(Licensed<br>Facilities, TA<br>Equipments, QA | Check application status   Correct submitted data   | Register Incoming Employer - after<br>Initiation of Employer Change Process | Username* Password*                             |
| Agencies)<br>✓                                       | Institute Registration  Step by step help   Raise an issue to AERB  | Know Your Application Status<br>Institute Registration Application          | Practice"Select One V                           |
| Processing time for<br>issuance of Regulatory        | Registration of RP  Training Courses  Feedback  | Radiation Professional Registration<br>Application                          | Installation<br>Type"Select One V               |
| Consents<br>V  | For regulatory support you may contact Help Desk No. 022-<br>25990675 during working days between 10:00 AM - 05:00 PM   | Verification of Consent/Document  | Login   |
| Feedback   |   |   | Forgot / not received my password               |

- 2.4.5 After successfully login, The Steps to be followed are Selection of Form: Regulatory Form  $\rightarrow$ Industrial Radiography  $\rightarrow$  Procurement of Radiography Device. This will require an OTP from the Facility In charge/RSO (as per the registered mobile number) Sample Procurement form in Annexure B.
- 2.4.6 Fill out the form with the following information:
  - Type of Equipment: Radiography (Portable)
  - Where equipment to be used a vehicle mounted: No
  - Expected workload: High
  - Purpose of the Equipment: Medical Diagnosis
  - Approval Required for: New Device
  - Model Name: Mine 2.1 (or as specified)
  - Name of Manufacturer: OTOM Co., Ltd., Korea (or as specified)
  - Name of Supplier: Labindia Healthcare, Private Limited, Gurgaon, India (or as specified)



- 2.4.7 Agree to the Terms & Conditions and press 'Submit'.
- 2.4.8 After application is submitted, it will be reviewed by AERB. Upon approval, there will be notification on the eLORA portal. The approval usually takes a few hours from the time of submission.
- 2.4.9 The Procurement Letter can be downloaded from the portal under 'My Applications' and will also be received by the registered email address– Sample Approved Procurement Letter provided in Annexure C.

- 2.4.10 The Procurement Letter must be downloaded and shared with HHXray device vendor to start the process of device delivery to the registered facility.
- 2.4.11 State TB SPOC will monitor and support the DTO in the process for Procurement Letter
- 2.4.12 If the district/site comes under the NGO Partner's implementing site, the state lead of NGO partner will help DTO and SPOC in this process.

Detailed steps are provided on <u>https://www.aerb.gov.in/images/PDF/DiagnosticRadiology/e-LORA-</u> Diagnostic-Radiology-Guidelines.pdf

#### 2.5 Procuring TLD badge & Lead Apron for Radiographer

- 2.5.1 **Lead Apron**: It is important to operate HHXray with adequate safety provision as outlined by AERB. Lead Aprons must be used and DTO can initiate the procurement from the office operations budget head.
- 2.5.2 **TLD Badge**: The DTO needs to Identify the BARC approved TLD badge agency based on the zone in which the state is situated. The following process needs to be followed for acquiring TLD badge. (1 badge per radiographer/ x-ray technician)
  - The DTO/ facility in charge should fill the TLD badge application from the respective website of the BARC approved service agency and download the same.
  - The payment on the online portal needs to be made from the office operations budget head.
  - Sample TLD Application Form provided in Annexure D
  - The Form needs to be duly signed by DTO/Facility-in-charge and radiographer.
  - The DTO should attach the payment receipt to signed form and courier it to the respective BARC approved service agency as mentioned above.
  - The TLD badge must be couriered back to respective BARC approved service agency every quarter for 'Quarterly Dose Report'. The agency will send a replacement badge to the registered facility.
  - State TB SPOC to monitor and ensure the completion of the process for TLD application.

In 33 district sites where NGO Partner-WJCF is expected to support the activity, the DTO/ Facility-in charge can take the support for filling the form. Moreover, the payment for the TLD batch cost for the first year and Lead apron is also budgeted by NGO Partner-WJCF under the project for these sites only. Subsequently, the DTO would be responsible for future payment and renewal.

# Zone-wise Approved TLD Badge Agencies

| States  | Agency Details   |
|---|--|
| Southern Zone   | Avanttec Lab. Private Limited Plot No.17, Arignar Anna   |
| Andhra Pradesh, Telangana, Tamil Nadu,<br>Karnataka, Kerala, Puducherry, Andaman<br>and Nicobar and Lakshadweep | Industrial Estate, Mettukuppam, Vanagaram, Chennai Pin-<br>600095 Tel.: 044-23862025<br><u>https://tldavanttec.com/</u>  |
| <b>Western Zone</b><br>Maharashtra, Gujarat, Rajasthan, Goa,<br>Dadra and Nagar Haveli and Diu                  | Renentech Lab. Private Limited C-106, Synthofine<br>Industrial Estate, Off Aarey Road, Goregaon (E), Mumbai,<br>Maharashtra Pin- 490063 Tel.:022-40037476<br><u>https://renentech.com/</u> |
| <b>All other states</b> in the Central, Northern and North- Eastern parts of the country                        | Ultratech Lab. Private limited Cloth Market, G.E. Road,<br>kumhari, Bhilai, Durg, Chhattisgarh Pin- 490042 Tel.: 0788-<br>3295166, 09981212431<br>http://ultratechlab.com/                 |

# Section 3: Delivery Process

## **3.1 Delivery**

- 3.1.1 The HHXray device vendor at the time of delivery of the device will provide the DTO with a delivery proof checklist at this stage.
- 3.1.2 The delivery checklist will have the below major components apart from charging cables, charging station, connecting cables, 3 pin socket and spare batteries:
- 3.1.3 Post delivery and its inspection, the delivery checklist will need to be duly filled in and signed by DTO or Facility-In Charge at the time of device delivery.

| S.No | Ultraportable HH X-ray device major<br>components   | No. of units |
|------|---|--------------|
| 1    | Generator Model: Mine 2.1 ALNU X-Ray<br>along with Generator Stand  | 1            |
| 2    | X-Ray Generator tripod Stand  | 1            |
| 3    | Detector Model:14HQ901G-B (14" x 17")<br>LG Oxide Detector  | 1            |
| 4    | Detector tripod Stand   | 1            |
| 5    | CAD software for unlimited scans over 3<br>years  | 1            |
| 6    | PACs (Picture Archiving and<br>Communicatins System) software system<br>to store scans over 3 years [cloud based] | 1            |
| 7    | Laptop  | 1            |
| 8    | Case/bag for packing and transportation with number coded lock  | 1            |
| 9    | External charging system-84150mah<br>battery pack   | 1            |

- 3.1.4 The sample of the delivery checklist is provided in Annexure E
- 3.1.5 The device will be delivered by HHXray vendor to the facility mentioned in the procurement letter/ registration letter.
- 3.1.6 An engineer would be sent by the HHXray vendor at the time of delivery.
- 3.1.7 The DTO and facility In-charge and NTEP-District Programme Coordinator (if available) are mandated to be present at the time of device delivery. The RSO is an optional attendee. In cases where NGO Partner is conducting the activity, the team should also be present during this process.
- 3.1.8 DTO/ facility In-charge should prepare the delivery checklist in 2 copies and signed, to verify all parts of the package are delivered successfully. One copy of the same will be kept with DTO or facility In-charge and another copy can be handed over to the representative of the vendor.

3.1.9 The SPOC should be kept informed about the device delivery through an email with a scan of the signed delivery checklist.

#### **3.2 Device Installation**

- 3.2.1 The DTO, facility In-charge, engineer (sent by HHXray device vendor), NTEP-District Programme Coordinator (if available) and radiographer/x-ray technician are mandated to be present at the time of device installation. The RSO is an optional attendee. In cases where NGO Partner is supporting the district, that team should also be present during the installation.
- 3.2.2 The engineer, post installation, will conduct a demo of the HHXray device including the software and generate an installation report. At this point, a few sample x-rays can be taken to ensure that the generator and detector and CAD-AI software are all in working condition.
- 3.2.3 DTO will be responsible for inspecting, signing & stamping of the report.
- 3.2.4 DTO to make a copy of the 'On-spot' (signed & stamped) installation report and hand the original back to the engineer (to be taken back to the HHXray device vendor).
- 3.2.5 The SPOC must monitor the progress and be kept informed about the HHXray and CAD-AI installation. DTO to share the scanned copy of the installation report with the STO with copy to SPOC.

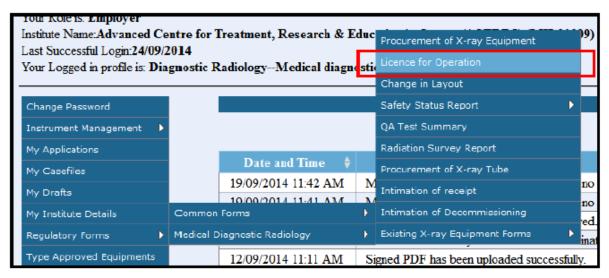
#### **3.3 Quality Assurance**

- 3.3.1 As part of the AERB requirements, the HHXray vendor must conduct a Third-Party Quality Assurance (QA) post installation. The DTO and facility-in-charge are mandated to be present at the time of the Quality Assurance process. The RSO is an optional attendee. In cases where NGO Partner is supporting the district in activity, that team should also be present during QA.
- 3.3.2 QA vendor to generate 'On-spot' summary report.
- 3.3.3 DTO/ facility-in-charge should sign and stamp 'On-spot' QA Summary report.
- 3.3.4 The vendor should send the detailed QA report to DTO through courier, within 7 days of visit.
- 3.3.5 DTO to email (1) Installation report (2) QA summary report (3) Detailed QA report to the STO with copy to SPOC and HHXray vendor.
- 3.3.6 State TB SPOC should oversee and monitor the timely completion of the Quality Assurance process.

In the 8 states, where NGO-WJCF is expected to support, the state lead will facilitate the process between the vendor and DTO.

#### **3.4 Applying for Operational License**

- 3.4.1 After receiving the (1) Installation report (2) QA Summary Report (3) Detailed QA report, <u>the</u> HHXray device vendor will fill in the Operational Licence form *(supported by DTO/Facility-in charge for log-in details)* and upload the three reports *through the eLORA* account.
- 3.4.2 The Steps to be followed over the eLORA website are: *Regulatory Forms -> Medical Diagnostic Radiology-> Licence for Operation*



- 3.4.3 Select the equipment ID (This will auto-appear through a drop down)  $\rightarrow$  Agree to Terms and conditions  $\rightarrow$  Press submit button for submission of your application form.
- 3.4.4 Post submission, the HHXray vendor will drop a confirmation to the DTO on submission of the application, with a copy to the STO and SPOC.

Operational license form as sample provided in Annexure F

- 3.4.5 Post approval, the **AERB issued Operational License** will be available to be downloaded from the portal. The expected duration for approval is around 30 days.
- 3.4.6 A copy of the Operational license to be carried along with HHXray device at the field activity camps.

The sample Operational license is provided in Annexure G

3.4.7 The STO and SPOC should be kept informed throughout the process of obtaining the Operational license so that s/he can support if required. DTO to share the scanned copy of the Operational license with the STO and SPOC via email.

# Section 4: Radiographer Training

#### 4.1 Training of Radiographer for device usage

- 4.1.1 The radiation hazard is almost zero/ negligible as per the claim of company. The radiation exposure is 1/10<sup>th</sup> from HHXray compared to convention digital x-ray. Moreover, the HHXray device and operations can be conducted by any layman person with minimal training. However, as per the current AERB guidelines, radiologist and/or radiographer cum x-ray technician should be required for operation of x-ray machines including portable x-ray devices.
- 4.1.2 At the time of installation, the engineer should have already provided on-site training to DTO, NTEP-DPC, facility In-charge and radiographer / x-ray technician.
- 4.1.3 After completing the installation of all the machines in the states, the State TB Cell should organize a virtual training for all the DTO and district teams including NTEP-DPC and radiographer / x-ray technician for the training on the HHXray. This training should reiterate the essential information required by radiographers while operating the device. This would entail instructions on device usage, necessary safety precautions, usage of AI and using the information system for data capturing and reporting.
- 4.1.4 In cases where an NGO Partner is conducting Active Case Finding activity and have the Radiographer hired, they should undergo training. The cost should be borne by the employing organization.

## Section 5: Operational guidance for utilization of HHXray device

5.1 Overview: HHXray provided under the project is fit for utilization in the field condition, during health camp or health melas organized by the state/district for TB screening and during active case finding survey. It is suggested that the camps for TB should be set up as "General Health Camps" offering additional services, for e.g., NCD screening which includes BMI and Random Blood Sugar (RBS) testing and Blood Pressure monitoring. The nearest Health & Wellness Centre (HWC) would additionally facilitate other diagnostics such as measurement of anthropometry, blood pressure, random blood sugar. The DTO should require to co-ordinate this service offering by sensitizing the general health system. This has a two-fold advantage, firstly of reducing the stigma related to TB in the community, and secondly it allows for systematic integration – reducing costs & optimizing utilization of Front-line workers.

#### 5.2 Pre-Camp Phase (Planning, Stakeholder Alignment & Mobilization).

- 5.2.1 Advance Tour Planning (ATP): Advance Monthly Planning exercise with Senior District Health Officials (DTO, CMHO/CMO) to finalize list of Camp dates and locations based on multiple factors such as TB case-burden, presence of vulnerable population, unavailability of x-ray, hardto-reach area etc. The micro plan prepared by the district team for active case finding in the community should also be utilized for preparing ATP. The CMHO/CMO will support the DTO by sharing the ATP with the BMOs and therefore ensuring presence of CHO/ASHA/ANM/VHN for camp activities.
- 5.2.2 Engaging with stakeholders at various levels of block and village health system, panchayat leaders & front-line workers to build a micro-strategy.
- 5.2.3 Smart and targeted mobilization: Targeted mobilization based on local context and premapping of vulnerable groups through direct (door-to-door visits, meeting at congregation spots) and indirect mobilization (including IEC/BCC) strategies by engaging front-line workers as catalysts. Local community influencers are involved to increase dissemination and enhance community engagement.

#### 5.3 Camp Day

- 5.3.1 Once an individual visits the camp, their basic health tests are conducted by front line workers, health facility doctors, community health officer and ANM. These could be RBS, Blood Pressure, BMI etc. Any suspected NCD cases are further referred for a visit to the health facility doctors.
- 5.3.2 As a next step, the individual is provided with TB specific verbal screening, such as symptom screening and vulnerability mapping (including commonly found risks, clinical risks, social risks).All the individual screened for TB during active case finding should be enrolled in Ni-kshay.

The data should also be again entered in system called Radiology Information System (RIS) prepared by WJCF in 33 sites where NGO partner is supporting the activity.

- 5.3.3 Along with the verbal screening, a chest x-ray (CXR) by HHXray is offered to an individual who is either vulnerable or symptomatic. The AI highlights the likelihood for the CXR to be suggestive of TB or any other chest abnormality. Telemedicine would aid on reading x-ray.
- 5.3.4 Sputum is collected at camp for presumptive TB cases (symptomatic and/or CXR suggestive of TB). The test request should be generated in Ni-kshay by health staff. For individuals who could not produce sputum sample, the next morning collection is done by NTEP staff/ front line workers.
- 5.3.5 The sputum samples are transported by NTEP for NAAT testing. The results (positive & negative) are conveyed and updated in the Ni-kshay. The treatment is initiated, as applicable. In cases of 33 selected sites where WJCF is expected to support ACF activity through the dedicated HR, general health staff as mentioned above should also be remain available and conduct the activity in mutual coordination. For each HHXray device, there would be 1 District NGO Supervisor (for overall camp operations), 2 Community Coordinators (for verbal screening at camp & community mobilization) and 1 Radiographer (for overall handling of HH CXR Device) are available from WJCF under the project for completion of activity.

#### Section 6: CXR Device Transportation

#### 6.1 X-ray Device Transportation

6.1.1 To ensure safety of the device, the DTO should ensure the right mode of transportation for the device.

- 6.1.2 On the day of the ACF, the DTO/ facility In-charge to facilitate timely collection of HHXray device from the health facility.
- 6.1.3 NTEP team (STS) to inform DTO/Facility in-charge over phone/ SMS as soon as the device is collected from the health facility. Additionally, they should ensure that the device is fully charged and ready for operation.
- 6.1.4 The HHXray device should reach the camp 1 hour prior to camp start time.
- 6.1.5 The ACF team comprising of NTEP team (STS or STLS or TBHV), General Health system staff (health facility doctor, CHO, staff nurse/ VHN, Radiographer, ANM, ASHA) and NGO Partner (if applicable) to reach the facility on time to camp start time.
- 6.1.6 The team may need at least 20-30 min for set up and start the camp activity.
- 6.1.7 STS to maintain a logbook to record for camp activity: Time of Device set up & Time of Device pack up. DTO/ facility In-charge to monitor the logbook regularly. After completion of survey activity, HHXray should be safely kept back in the bag and transported to the facility.

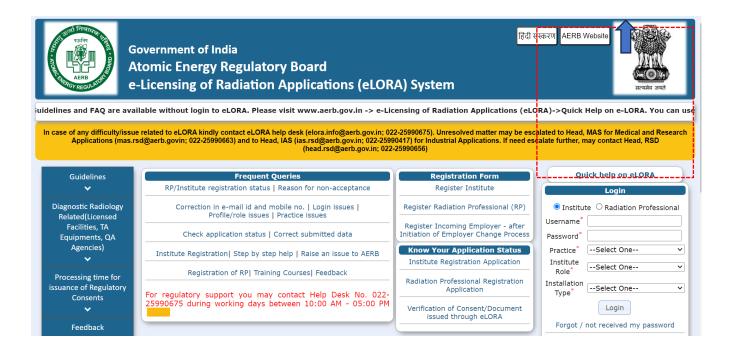
*In cases where NGO Partner is conducting ACF activities, a dedicated Radiographer is available from the project. The Radiographer will carry the device along with a dedicated driver and vehicle. Radiographer will inform DTO & NGO District Supervisor over phone when device is collected from & stored back at the health facility.* 

#### List of Annexures

Annexure A

#### 1. AERB Portal for Procurement Letter

(https://elora.aerb.gov.in/ELORA/populateLoginAction.htm)



## Sample of Application Form - Procurement Letter

|   | RGY REGULATORY BOARD (AERB) FOR PROCUREMENT O<br>AL DIAGNOSTIC X-RAY EQUIPMENT       | F  |  |  |  |
|---|--|--|--|--|--|
| This application would be considered by<br>Atomic Energy (Radiation Protection) R | y the Competent Authority for issuance of relevant consents under the<br>bules, 2004 | 8  |  |  |  |
| Application Number  |  | Model name   |  |  |  |
| Date of Application   |  | Notes and<br>Name of supplier  |  |  |  |
|   | Part A   | - Source of repper   |  |  |  |
|   |  | Part D   |  |  |  |
| Institute Details:  |  |  |  |  |  |
| Name  |  | Attachancats   |  |  |  |
|   |  | Layou drawing of proposed n-ray equipment  |  |  |  |
| Permanent Address   |  | installation(Picno: refer AIRB guidelines)   |  |  |  |
| Landmark  |  |  |  |  |  |
| City  |  |  |  |  |  |
| State   |  |  |  |  |  |
| Postal Code   |  | Part E   |  |  |  |
| Telephone Number  |  | UNDERTAKING  |  |  |  |
| Fax Number Email 14   |  | Think we have  |  |  |  |
| Pas realized Editor of  |  | I hereby certify that  |  |  |  |
|   |  | <ol> <li>all the information submitted is correct to the best of my knowledge and belief</li> </ol>  |  |  |  |
| Head of the Institute Details:  |  | <ol> <li>applicable provinces of the Atomic Energy (Radiation Protection) Palles, 2004 will be strictly<br/>compiled with.</li> </ol>  |  |  |  |
| h.r.  |  | <ol> <li>applicable provisions of AERB Safety Code on Medical Diagnostic X-ray Equipment and</li> </ol>  |  |  |  |
| Name  |  | Installations,   |  |  |  |
| Designation   |  |  |  |  |  |
| Telephone Number(Office)  |  | AERB/SC/MED-2 or the revised version, currently in force, will be complied with  |  |  |  |
| Mobile Number   |  | 4. the equipment will be put into operation only after obtaining "Licence" from the Competent  |  |  |  |
| Email Id  |  | Anthonity.<br>5. full facilities will be accorded by me'ns to any sutherised representatives of the competent sutherity to impact  |  |  |  |
| Licensee Details:   |  | this installations at any time.  |  |  |  |
| 51  |  | <ol> <li>on receipt of AERB "Procurement Pennistion", I will abide by its Terms and Conditions</li> <li>keep AERB informed about any changes in the information famished.</li> </ol>                                 |  |  |  |
| Name  |  |  |  |  |  |
| Designation<br>Telephone Number(Office)   |  | In case, it is found, at any stage, that the information provided by me is false and or not authentic, then I<br>hereby accept that appropriate regulatory actions may be mitiated against me and my institution, in |  |  |  |
| Mobile Number   |  | accordance with the applicable Roles,  |  |  |  |
| Email Id  |  | End of Application   |  |  |  |
|   | Part B   | -  |  |  |  |
| Equipment Details   |  | $\neg$   |  |  |  |
| Type of equipment   | Radiography (Ponable)  |  |  |  |  |
| Whether equipment to be used as vehicle m   | betaro   |  |  |  |  |
| Expected workload   | Medium   |  |  |  |  |
| Purpose of the equipment  | Medical Diagnosis  |  |  |  |  |
| Approval required for   | New Device   |  |  |  |  |
| Name of manufacturer  |  |  |  |  |  |

| quipment Details Attachments                     |   |   |  |
|--|---|---|--|
|  |   |   | All fields marked by * are mar                   |
| ype of Equipment*                                | Radiography (Portable)  | * |  |
| Vhether equipment to be used as vehicle mounted* | O Yes  No   |   |  |
| xpected workload*                                | High (> 70 patients/day)  | • |  |
| Equipment Details                                |   |   |  |
| Purpose of the Equipment*                        | Medical Diagnosis   | * |  |
| Approval required for*                           | New Device  | ~ |  |
| Model Name*                                      | MINE2.1   |   |  |
| Name of Manufacturer*                            | OTOM Co., Ltd., Korea   |   |  |
| Name of Supplier*                                | LABINDIA HEALTHCARE PRIVATE LIMITED, Gurgaon, India             |   | 💿 Supplier Details - Google Chrome 🦳 🗌           |
|  |   |   | elora.aerb.gov.in/ELORA/mdrXrayEquipProcurement  |
|  | $\hfill\square$ I have read and agree to the Terms & Conditions |   | Search:  |
|  |   |   | Select Supplier Name # Locat                     |
|  |   |   | O LABINDIA HEALTHCARE PRIVATE<br>LIMITED Gurgaon |
|  |   |   | Showing 1 to 1 of 1 entries                      |

# Sample of Procurement Letter

|  | भार<br>परमाणु उर्जा निवास<br>विकिरण सं  | Provide A statements   | GOVERNMENT OF INDIA<br>ATOMIC ENERGY REGULATORY<br>RADIOLOGICAL SAFETY DIVISIO   |  |
|--|---|--|--|--|
| Case File Numb   | er:   |  | Ise  | sue Date:  |
| Document Num   | ber::   |  | Exp  | iry Date:  |
| Atomic Energy (R<br>bereby grants perm   | ers conferred under (<br>adiation Protection)   | Section 16 of the Atomic En<br>Rules, 2004, (AE(RP)R-200   | OF X-RAY EQUIPMENT<br>regy Act, 1962 read in conjunctio<br>() the Atomic Energy Regulatory<br>for procurement of following X-  | Board (AERB)   |
| Type of<br>Equipment   | Model name  | Manufacturer   | Supplier   | Quantity   |
| Radiography<br>(Portable)  |   |  |  | 1  |
| the revised laye<br>3. The installat   | ent shall be installed<br>out details shall be in   | timated before installation.   | elt out in AE (RP) R 2004,<br>submitted to Regulatory Body; i<br>e carried out only by the Autho   | in case of any chang   |
| the revised layo<br>3. The installar<br>Agency.<br>4. No person be<br>5. Duly qualifie                     | ent shall be installed<br>out details shall be in<br>tion & commissionin<br>show age of 18 years<br>and trained person  | i in the layout as per details<br>timated before installation.<br>ag of the equipment shall b<br>shall be employed as radiationed shall be employed before<br>and shall be employed before   | submitted to Regulatory Body; i<br>e carried out only by the Autho   | in case of any chang<br>rised Supplier/Servi                       |
| the revised layo<br>3. The installar<br>Agency.<br>4. No person be<br>5. Duly qualifie                     | ent shall be installed<br>out details shall be in<br>tion & commissionin<br>show age of 18 years<br>ed and trained person<br>for Licence shall be s   | i in the layout as per details<br>timated before installation.<br>ag of the equipment shall b<br>shall be employed as radiationed shall be employed before<br>rubmitted within three month   | submitted to Regulatory Body; i<br>e carried out only by the Autho<br>on worker.<br>e the commencement of operation  | in case of any chang<br>rised Supplier/Servi<br>n of the facility. |
| the revised layo<br>3. The installat<br>Agency.<br>4. No person be<br>5. Duly qualifie<br>6. Application f | ent shall be installed<br>out details shall be in<br>tion & commissionin<br>flow age of 18 years<br>ed and trained person<br>for Licence shall be s<br>(This is an elec<br>CHEST CLINIC AN  | i in the layout as per details<br>timated before installation.<br>ag of the equipment shall b<br>shall be employed as radiationed shall be employed before<br>rubmitted within three month   | submitted to Regulatory Body; i<br>e carried out only by the Autho<br>on worker.<br>e the commencement of operation<br>is from the date of installation.<br>ad hence signature is not required                   | in case of any chang<br>rised Supplier/Servi<br>n of the facility. |
| the revised layo<br>3. The installat<br>Agency.<br>4. No person be<br>5. Duly qualifie<br>6. Application f | ent shall be installed<br>out details shall be in<br>tion & commissionin<br>show age of 18 years<br>ed and trained person<br>for Licence shall be s<br>(This is an elec<br>CHEST CLINIC AN<br>LHI-110065                              | i in the layout as per details<br>timated before installation.<br>ag of the equipment shall b<br>shall be employed as radiation<br>and shall be employed before<br>submitted within three month<br>thronically generated letter as   | submitted to Regulatory Body; i<br>e carried out only by the Author<br>on worker.<br>e the commencement of operation<br>is from the date of installation.<br>ad hence signature is not required<br>. CORPORATION | in case of any chang<br>rised Supplier/Servi<br>n of the facility. |
| the revised layo<br>3. The installat<br>Agency.<br>4. No person be<br>5. Duly qualifie<br>6. Application f | ent shall be installed<br>out details shall be in<br>ion & commissionin<br>elow age of 18 years<br>of and trained person<br>for Licence shall be s<br>(This is an elec<br>CHEST CLINIC AN<br>LHI-110065<br>Note:<br>voorpad frames of | i in the layout as per details<br>timated before installation.<br>ag of the equipment shall b<br>shall be employed as radiationed<br>shall be employed as radiationed<br>shall be employed before<br>rubmitted within three month<br>tronically generated letter an<br>ND HOSPITAL MUNICIPAL | submitted to Regulatory Body; i<br>e carried out only by the Autho<br>on worker.<br>e the commencement of operation<br>is from the date of installation.<br>d hence signature is not required<br>. CORPORATION   | in case of any chang<br>rised Supplier/Servi<br>n of the facility. |

## Sample of TLD Badge Application

| Non-DAE/PDF-2       AVANTTEC LABORATORIES (P) Ltd., CHENNAI<br>Plot No 17, Arignar Anna Industrial Estate,<br>Mettukuppam, Vanagaram, Chennai - 600095<br>(BARC Accredited TLD Personnel Menitoring Laboratory)<br>PERSONAL DATA OF RADIATION WORKER       Affix 3.5cm<br>x2.5cm<br>recent photo<br>of radiation<br>worker         (Instructions: Use block letters & leave one blank square between each word)  | 12. Designation:       (Mark *X" in applicable hox, ff nome is applicable, specify details in hox for 'Others )         R.S.O       Site-in-charge       Scientist       Med. Physiciat         Radiologist       Rad. Therapist       Radiographer       Technician         Supervisor       Service Engineer       Scientific Assistant       Nurse         Helper       Ward boy/Ayah       Trainee   |
|--|--|
| 3. Name & Address of Present institution:  | 13. Nature of Work:       (Mark "X" in applicable boxies, If none is applicable, specify details in box for 'Others')         Diagnost. Radiography       Intervent. Radiology       Fluoroscopy       CT Scan         Dental Radiography       Nuclear Medicine       Radiotherapy       Bracky Therapy         Med. Accelerator       Ind. Radiograph       Ind. Accelerator       Irradiator         Mining / Milling       Nucl. Gange       Luminous Painting       Well Logging         Research       Agriculture       Quality Audit       X-Ray Diffraction |
| 5. GST Number:   | Surveillance /Safety Sterilization Veterinary Others (Please Specify 14. Type of Employment /work: (Mark "X" in applicable bax)  |
| 6. Name in Full: (To whom TLD badge is applied to)<br>(Surname)       (Name)       (Middle Name)         7. Name with initials:  |  |
| 9. Date of Birth:         Image: Control of the state of the sta | (Copy of relevant ID to be attached) 16. Badge requirement: Chest TLD badge  Chest + Wrist TLD badge   |
| 10. Place of birth :       (Village/Town)       (State)         11. Qualification:       (Mark "X" in applicable box, If not available specify in box for' Others')         Graduate       Post Graduate       Doctorate   | 17. <u>Radiation work history:</u> A. Previous work experience with Radiation       YES     500       B. (a) Have you worked with radiation in the foreign institution prior to joining<br>the present institution?  |
| Med. Doctor Engg. Diploma HSC SSC Others (Please specify)  | (b) If the answer is "YES", then total effective dose received mSv<br>(Please attach copy of dose certificate)   |
| <ul> <li>C. (a) Have you worked with radiation in any institution in <b>India</b> prior to Joining the present institution? :</li> <li>(b) Have you availed personal monitoring in previous institution?</li> <li>(c) If the answer is "YES", please give the following details: the case of more than one institution, please forwith the information on a (i) Institution Number:</li></ul>  | a separate shoet) 6.:  |
| DECLARATIO   | DN .   |
| my knowledge. I further undertake that 1. I will always wear Personal Monitoring (PM) badges while word badge with any other person. I will keep the badges at the design them in the radiation area. 2. I will not tamper with the PM badge. In case of damage/conta exposure to the badge, I will inform the RSO/ Head the institu 3. I will not tamper with the RSO/ Head the institu 3. I will not tamper with the RSO/ Head the institu 4. I will alwand the radiation 4. I will submit the Dose certificate to the service provider for the d Signature of Radiation Worker: (Date)  | pated location while not in use and will not leave<br>amination/fall in radiation area or any accidental<br>ution.<br>dent causing damage to the source' device while<br>source.<br>dose received on foreign/abroad assignments.<br>   |

Sample of Delivery Checklist

| PREPARED AND ACCOMPLISHED BY:                        |                                   |           |      |          |       |     |
|--|-----------------------------------|-----------|------|----------|-------|-----|
| Name:  | Designation/I                     | Position: |      |          | Date: |     |
| VERIFIED BY  |                                   |           |      |          |       |     |
| Name:  | Name: Designation/Position: Date: |           |      |          |       |     |
| Machine Serial number:                               |                                   |           |      |          |       |     |
| Detector Serial number:                              |                                   |           |      |          |       |     |
| Workstation/Laptop Serial number:                    |                                   |           |      |          |       |     |
| Name of Facility:                                    |                                   |           |      |          |       |     |
| Facility Address:                                    |                                   |           |      |          |       |     |
| <b>REQUIREMENT</b> (please check "yes" if complie    | ed "no" if not                    | Model     |      |          |       |     |
| complied, and N/A if not applicable)                 | .u, no ij not                     | No.       | &QTY | YES      | NO    | N/A |
|  |                                   | S.No      |      |          |       |     |
| All system components required                       |                                   |           |      | <u> </u> | ľ     |     |
| 1) X-Ray Generator with inbuilt battery (1 unit)     | ,                                 |           | 1    |          |       |     |
| 1a) 1 charger cable (Sr. No. Not applicable)         |                                   |           | 1    |          |       |     |
| 1b) 1 wireless remote control and accessories        | s (Sr. No. Not                    |           | 1    |          |       |     |
| applicable)  |                                   |           | -    |          |       |     |
| 2) X-Ray Generator Stand (1 unit), (Sr. No. not a    | applicable)                       |           | 1    |          |       |     |
| 3) X-Ray Detector (1 unit) inclusive of 1 detecto    | or battery                        |           | 1    |          |       |     |
| 3a) 1 No. Extra Detector Battery.                    |                                   |           | 1    |          |       |     |
| 3b) 1 No. detector charger along with 1 no. cl       | harging cable.                    |           | 1+1  |          |       |     |
| (Sr. No. not applicable)                             |                                   |           | 1.1  |          |       |     |
| 4) X-Ray Detector Stand (1 unit) (Sr. No. not ap     | plicable)                         |           | 1    |          |       |     |
| 4b) 1 unit detector frame, (Sr. No. not applicab     | le)                               |           | 1    |          |       |     |
| 5) Portable workstation/PC-console and/or po         | rtable remote                     |           | 1    |          |       |     |
| control-station (1 unit), inclusive of 1 no. inbuilt | t battery                         |           |      |          |       |     |

| 5b) 1 No. charger adapter (Sr. No. not applicable)            | 1   |  |
|---|-----|--|
| 6) CAD software for data management and communication         |     |  |
| (pre-installed software in portable workstation) (Sr. No. not | 1   |  |
| applicable)   |     |  |
| 7)Hard Case for packing and transportation (Sr. No. not       | 1   |  |
| applicable) 1 unit  |     |  |
| 7a) 1 No. (number coded) lock (Sr. No. not applicable) 1 unit | 1   |  |
| 8) External Battery Bank 1 unit, 1 unit charging cable        | 1+1 |  |
| 8a) 1 unit charging cable (Sr. No. not applicable) (Extension | 1   |  |
| board)  | Ĭ   |  |
| Accessories (Please add more row for accessories details if   |     |  |
| requires)   |     |  |
| *PLEASE PROVIDE DOCUMENT/ PICTURES FOR EACH                   |     |  |
| COMPONENT   |     |  |
| L   | 1 1 |  |

| Signature of Installation Engineer | Designation: |
|------------------------------------|--------------|
| Contact/Mobile No:                 |              |
| Signature of Approval Authority:   | Designation: |
| Contact/Mobile No:                 |              |

#### Annexure F

# Sample of Operational License Application Form

| APPLICATION TO ATOMIC ENERGY REGULATORY BOARD (AERB) FOR LICENCE FOR<br>OPERATION OF MEDICAL DIAGNOSTIC X-RAY EQUIPMENT |                 |     |                 |        |         |            |                |
|---|-----------------|-----|-----------------|--------|---------|------------|----------------|
| Application Number  |                 |     | 22-979220       |        |         |            |                |
| Date of Application   |                 | _   | 15/09/2022      |        |         |            |                |
| Part of Approximate   |                 | -   | 10 10 111       |        |         |            |                |
|   |                 | 1   | Part A          |        |         |            |                |
| Institute Details:  |                 |     |                 |        |         |            |                |
| Name  |                 | 1   |                 |        |         |            |                |
| Permanent Address   |                 |     |                 |        |         |            |                |
| Landmark  |                 | - 1 |                 |        |         |            |                |
| City  |                 |     |                 |        |         |            |                |
| State   |                 | -   |                 |        |         |            |                |
| Postal Code   |                 | -   |                 |        |         |            |                |
| Telephone Number  |                 |     |                 |        |         |            |                |
| Fax Number  |                 |     |                 |        |         |            |                |
| Email Id  |                 | :   |                 |        |         |            |                |
| Head of the Institute Details:  |                 |     |                 |        |         |            |                |
| Name  |                 | :   |                 |        |         |            |                |
| Designation   |                 |     |                 |        |         |            |                |
| Telephone Number(Office)  |                 |     |                 |        |         |            |                |
| Mobile Number   |                 | :   |                 |        |         |            |                |
| Email Id  |                 | :   |                 |        |         |            |                |
| Licensee Details:   |                 |     |                 |        |         |            |                |
| Name  |                 |     |                 |        |         |            |                |
| Designation   |                 | :   |                 |        |         |            |                |
| Telephone Number(Office)  |                 | :   |                 |        |         |            |                |
| Mobile Number   |                 | 1   |                 |        |         |            |                |
| Email Id  |                 | - : |                 |        |         |            |                |
|   |                 | 1   | Part B          |        |         |            |                |
| <b>Employee Details (Radiation P</b>  | rofessionals) : |     |                 |        |         |            |                |
| SRL Name<br>No  | Date of Birth   | De  | signation       | Qualif | ication | Experience | PMS No.        |
| RSO Details :   |                 |     |                 |        |         |            |                |
| SRL Name  | Designation     |     | PMS No          |        | ,       | Valid Till | Email Id (Off) |
| NO  | - confinencial  |     | 1 1 1 1 1 1 1 1 |        |         |            |                |
| Employee Details (Radiation V   | factors) -      |     |                 |        |         |            |                |

| SRL<br>NO   | Name of Radiat  | tion Worker   | Role   |   |  | Eduactional<br>Qualifications  |   |   | PMS No.  |  |
|---|---|---|--|---|--|--|---|---|--|--|
| 1   |   |   | ray fa   | -Medical diagnostic x-<br>facility, Medical<br>ser-Medical diagnostic<br>slity                      |  |  | logins  |   |  |  |
| Safet   | y Tool Details:   |   |  |   |  |  |   |   |  |  |
| SRL<br>No   | Instrument ID   | Instrument<br>Type  | Malor  | Model   | Type Of<br>Detector  |  |   | bility                                    | Last<br>Calibration<br>Date                                  |  |
| 1   | SE-0123900  | Protective<br>Apron   | NA   | NA  |  | NA   | Available   |   |  |  |
| 2   | SE-0123899  | Mobile<br>Protective<br>Barrier with<br>Viewing<br>Window   | NA   | NA  |  | NA   | Available   |   |  |  |
| 3   |   |   |  | Part C  |  |  |   |   |  |  |
| Equi  | pusent Details:   |   |  |   |  |  |   |   |  |  |
| Equip<br>Type<br>Manu<br>Mode<br>Equip<br>Name<br>equip | ication for<br>protect Id<br>of equipment<br>discover name<br>el name<br>ment Serial no<br>e of the person de<br>ment<br>ce Agency responsi   |   | 150 for th   | : Licence for<br>: G-XR-166<br>: Radiograph<br>:<br>:<br>:<br>:                                     | 174  |  |   |   |  |  |
| Type  | approval no   |   |  | : XRE54288  | 1  |  |   |   |  |  |
| _   |   |   |  | Part D  |  |  |   |   |  |  |
| UND   | ERTAKING  |   |  |   |  |  |   |   | ÷.   |  |
| Iber  | by certify that<br>1.All the inform<br>2. Applicable pro-<br>with,<br>3. Applicable pro-<br>AERB'SC/MER<br>4. The equipment<br>5. Full facilities -<br>inspect this insta-<br>6. All necessary f<br>7. On secsing of 7. | wisions of the<br>wisions of AE<br>- 2 or the revis<br>t will be put in<br>will be accord<br>llations at any<br>facilities will b | Atomic En<br>RB Safety<br>ed version,<br>to operation<br>ed by me/u<br>time;<br>e provided t | Code on Medici<br>currently in force<br>only after obtain<br>is to any authori<br>to the RSO to dis | Protection<br>d Diagno<br>, will be<br>ing Lices<br>and repre-<br>charge his | a) Rules, 20<br>stic X-ray E<br>complied with<br>see' from the<br>centatives of<br>duties and it | 04 will b<br>iquipment<br>th<br>Compet<br>the com | te stric<br>and and<br>sent Au<br>spetent | thy complied<br>Installations,<br>thority:<br>: authority to |  |

# Sample of Operational License

|   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 3   | गत सामग   | GOVERNMEN  | T OF INDIA   |  |  |  |
| परमाण उन्जो निया  | ne alter  | ATOMIC ENER  | GY REGULATOR   | YBOARD   |  |  |
|   | मरका प्रभाग   | RADIOLOGICA  | L SAFETY DIVISI  | ON   |  |  |
|   | ander 1   | adi  | Self-Ceckers II, 1999 March  |  |  |  |
| Case File Number:   |   | Issue Date: 15/09/2022   |  |  |  |  |
| Document Number:  |   |  | Exp  | iry Date: 15/09/2027   |  |  |
| REGISTRATION FOR<br>n exercise of powers conferred unde<br>vith Rule (3) of the Atomic Energy (I<br>AERB) hereby issues Registration in   | er Section 16 and 17 as<br>Radiation Protection) Ru   | applicable of Atomic I<br>les {AE(RP)R}, 2004,   | Energy Act, 19<br>the Atomic En  | 62 read in conjunctio<br>ergy Regulatory Boar                            |  |  |
| quipment located at KRILOKARI,<br>Type of Equipment   | NEW DELHI, DELHI-1<br>Manufacturer  | 10065 for Medical Dia<br>Mod   |  | s.<br>Equipment Id   |  |  |
| Radiography   | Manufacturer  | MIOC   | 191  | G-XR-166874  |  |  |
| (Portable)  |   | 1714   | 220  | G-AR-1000/4  |  |  |
| be Employer and Licensee are rest   | ponsible for.   |  |  |  |  |  |
| I. Ensuring compliance<br>i. Atomic Energy (<br>ii. Atomic Energy (<br>iii. AERE Safety Co<br>iv. All applicable (<br>documents issued<br>v. Directives issued<br>II. Ensuring compliance<br>lote:<br>his Registration is issued ONLY fro   | with the relevant provis<br>kct, 1962<br>Radiation Protection) R:<br>de (AERB/SC/Med-2),<br>Safety Codes, Guides<br>d by AERB from time to<br>by Competent Authority<br>with terms and condition<br>m the RADIATION SA                            | iles, 2004;<br>2001, Amendment 2011<br>issued by AERB for<br>time.<br>y from time to time.<br>ins stated overleaf.   | the above pr   | ractice and regulator  |  |  |
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| SI No | State         | District        | No of<br>machines | WJCF's<br>Implementation site<br>(Yes/No) |
|-------|---------------|-----------------|-------------------|---|
| 1     | Bihar         | Muzaffarpur     | 2                 | Yes                                       |
| 2     | Bihar         | Darbhanga       | 2                 | Yes                                       |
| 3     | Bihar         | Purba Champaran | 2                 | Yes                                       |
| 4     | Bihar         | Saran           | 1                 | Yes                                       |
| 5     | Bihar         | Purnea          | 1                 | Yes                                       |
| 6     | Uttar Pradesh | Deoria          | 1                 | Yes                                       |
| 7     | Uttar Pradesh | Kushinagar      | 1                 | Yes                                       |
| 8     | Uttar Pradesh | Ambedkar Nagar  | 1                 | Yes                                       |
| 9     | Uttar Pradesh | Agra            | 2                 | Yes                                       |
| 10    | Uttar Pradesh | Maharajganj     | 1                 | Yes                                       |
| 11    | Uttar Pradesh | Varanasi        | 1                 | Yes                                       |
| 12    | Uttar Pradesh | Gorakhpur       | 1                 | Yes                                       |
| 13    | Haryana       | Faridabad       | 1                 | Yes                                       |
| 14    | Haryana       | Hisar           | 1                 | Yes                                       |
| 15    | Rajasthan     | Jaipur II       | 1                 | Yes                                       |
| 16    | Rajasthan     | Jaipur II       | 1                 | Yes                                       |
| 17    | Rajasthan     | Udaipur         | 2                 | Yes                                       |
| 18    | Gujarat       | Ahmedabad MC    | 2                 | Yes                                       |
| 19    | Gujarat       | Surat MC        | 2                 | Yes                                       |
| 20    | Gujarat       | Kutch           | 2                 | Yes                                       |
| 21    | Gujarat       | Jamnagar        | 1                 | Yes                                       |
| 22    | Uttrakhand    | Haridwar        | 1                 | Yes                                       |
| 23    | Uttrakhand    | Rudraprayag     | 1                 | Yes                                       |
| 24    | Ladakh        | Leh             | 1                 | Yes                                       |
| 25    | Kerala        | Pathanamthitta  | 1                 | Yes                                       |

# List of 33 sites supported by WJCF in the delivery, installation and field implementation