

Certificate of Compliance for shielding of medical, veterinary and chiropractic X-ray apparatus



This certificate of compliance applies to the verification of shielding of X-ray apparatus used for medical, veterinary, and chiropractic radiography.

Part 1—Owner details

Please provide the details of the owner of the apparatus.

EPA Registration no:

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Please refer to the EPA acknowledgment letter sent to the owner.

Name

Address
(Street/Suburb)

State

Postcode

Part 2—Apparatus details

Please provide the details of the apparatus under test.

Make & model

Design Plain radiography Mammography Fluoroscopy Dental CBCT Computed tomography

Generator S/N

Tube
housing S/N

X-ray tube S/N

Room location

Address
(Street/Suburb)

State

Postcode

Part 3—Declaration

I hereby declare that I have compliance tested the apparatus detailed above and to the best of my knowledge the information provided on this certificate is true and correct.

Name (please print)

Date

Accreditation No.

Email address*

Signature of tester

*A completed certificate is accepted by the EPA as being an electronic communication, under Division 2 section 8 of the *Electronic Transactions Act 2000*, if sent from an email address that the EPA can use as the method of identifying the originator of the electronic communication.

Please lodge the completed certificate by email (the preferred method) at: EPARPB.Compliance@epa.sa.gov.au

OFFICE USE ONLY

Owner No.

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Reg. No.

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BAL No.

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Part 4—Assessment

The references below refer to the specified sections of the *Test Protocol for Shielding of Medical, Veterinary and Chiropractic X-ray Apparatus 2023*.

1—Shielding of fixed apparatus

Complete this section for all fixed X-ray apparatus.

Ref.	Test Description	Compliance Verified		
		Yes	No	N/A
Sec 8	Control panel and operator protection	Yes	No	N/A
Sec 9	Viewing the patient	Yes	No	N/A
Sec 10	Communicating with the patient	Yes	No	N/A
Sec 11	Room, space or enclosure to be fit for purpose [†]	Yes	No	N/A
Sec 12	General shielding of fixed apparatus	Yes	No	N/A
Sec 13	Dimensions of the fixed protective screen [†]	Yes	No	N/A

2—Shielding of mobile and portable apparatus

Complete this section for mobile and portable apparatus primarily used in a single room, space or enclosure.

Ref.	Test Description	Compliance Verified		
		Yes	No	N/A
Sec 16	Operator protection	Yes	No	N/A
Sec 17	Viewing the patient	Yes	No	N/A
Sec 18	Communicating with the patient	Yes	No	N/A
Sec 19	Room, space or enclosure being fit for purpose [†]	Yes	No	N/A
Sec 20	General shielding of mobile and portable apparatus	Yes	No	N/A
Sec 21	Dimensions of the fixed protective screen [†]	Yes	No	N/A

Part 5—Interpretation

Unless the contrary intention appears—

BAL means business activities licence.

Compliance Verified means—

- (a) in the case where an accredited tester has indicated a 'Yes', compliance with the specified test has been verified;
- (b) in the case where an accredited tester has indicated a 'No', the apparatus is not compliant with the specified test or a verification of compliance is not possible;
- (c) in the case where an accredited tester has indicated a 'N/A', the test does not apply to the apparatus.

Sec means section of the specified test protocol

S/N means serial number

[†] means this test is performed to verify compliance with the general duty of care