



GUIDANCE FOR INDUSTRIAL DEVICE REGISTRATION

Device registration applies to facilities under federal jurisdiction, pursuant to Canada Labour Code Part II, Occupational Health and Safety Regulations, Part X, Section 10.26. There are forms and attachments that need to be submitted to facilitate device registration. The completed registration form and all supporting materials shall be sent to:

Health Canada,
Consumer and Clinical Radiation Protection Bureau,
NonMedical X-rays,
A.L. 6301A,
775 Brookfield Road,
Ottawa, Ontario K1A 1C1.

Attachment A: Industrial X-Ray Machine Registration

This attachment contains 2 pages. The owner is required to submit specific information in order to register the industrial x-ray device.

Attachment B: Emergency Procedures For Unintentional Exposure to X-Rays

The emergency procedures required are specific to the case where a worker is unintentionally exposed to radiation generated by the x-ray machine. The facility shall have in place a policy to follow such written procedures that: reflect prompt medical treatment for the exposed or allegedly exposed victims; specify the designated medical institution; include directives for the disclosure of radiation exposure information to the attendant medical staff at the medical institution and for the requisition of consultation by a radiation oncologist. Contact information on personnel provided in the emergency procedures shall remain current.

Attachment C: Accident Investigation Report

This form shall be used to **promptly** notify Health Canada and other relevant parties about any radiation accident. Following the complete investigation all sections are to be completed in full. A completed report shall be submitted to Health Canada at the address provided above within 5 calendar days of the accident.

INDUSTRIAL X-RAY MACHINE REGISTRATION

(Pursuant to Canada Labour Code Part II “Occupational Safety and Health Regulations”⁽¹⁾)

(A) Name of facility: _____
Address: _____

(B) Registration type: New registration Amended registration Re-registration

(C) Radiation safety officer at facility:
 Certification:

CNSC <input type="checkbox"/> Certified Operator	CGSB Certificate <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	Police / Security <input type="checkbox"/> Level I <input type="checkbox"/> Level II
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Name: _____
 Phone #: _____
 Fax: _____
 Email: _____

(D) Number of x-ray machines at facility: _____

List x-ray machines as follows: (If space is insufficient, provide information on a separate sheet and attach to this form.)

Brand Name	Manufacturer	Model #	Serial No.	Date of Manufacture	Place of Manufacture	Application Permanent/ Portable

(E) List all industrial radiographers and operators as follows:

(If space is insufficient, provide information on a separate sheet and attach to this form.)

Name	CGSB Police / Security Level I II	CGSB Industrial Level I II III	Radiation Safety Education

(F) Authorized maintenance provider:

Organization Name	Contact telephone number

(G) Dosimetry service provider:

Organization Name	Address	Telephone Number

(H) Listing of electronic personnel dosimeter:

Brand Name	Manufacturer	Model Number

(I) Detector used for radiation leakage testing:

Brand name	Model No.	Manufacturer	Calibration Frequency	Calibration Agency (Name and Location)

(J) SUBMISSION OF THE FOLLOWING MATERIALS IS MANDATORY FOR X-RAY MACHINE REGISTRATION

(Check appropriate place and attach relevant information as required.)

- | | |
|---|----------|
| | ATTACHED |
| 1. Provide a copy of emergency procedures for handling unintentional x-ray exposures at the facility. | [] |
| 2. Provide a copy of detailed procedures that will be followed for open beam radiography, if applicable.
(State the referenced dose rate at boundary of cordoned off area.) | [] |
| 3. Provide a copy of specific safety procedures that apply for visitors, and in training radiographers in the workplace. | [] |
| 4. Provide a copy all reports of radiation accident in the facility or at the temporary job site, complete with all associated corrective actions. | [] |
| 5. Provide a copy of any remedial actions taken at the facility, i.e., elevated occupational exposures, staff relocation due to pregnancies. | [] |
| 6. Provide a copy of the procedures for the disposal of the x-ray machine. | [] |
| 7. Ensure a copy of Safety Code 34 ⁽²⁾ is readily available at the facility for use by all authorized personnel. | [] |

Any changes to items (B), (C), (D), or (E) will require a re-registration within 10 calendar days.

⁽¹⁾ <http://laws.justice.gc.ca/en/L-2/sor-86-304/text.html>

⁽²⁾ http://www.hc-sc.gc.ca/hecs-sesc/ccrpb/publication/safety_code34/toc.htm

OFFICE USE ONLY		
Non Compliant	Compliant	Date

Attachment B

EMERGENCY PROCEDURES FOR UNINTENTIONAL EXPOSURE TO X-RAYS

Facility name where industrial x-ray machines are located: _____
Equipment location: _____
Equipment owner (or responsible manager): _____
Telephone number of equipment owner (or responsible manager): _____

Accidental exposure: Accidental exposure is considered to be unintentional x-ray exposure to any part of the human body. This can occur if safety and operational procedures are not followed or if the equipment is not properly installed or serviced.

Measures to be taken in the event of accidental or suspected exposure to x-rays:

1. The **X-RAY MACHINE OPERATOR** shall:
 - a. turn off the x-ray machine and disconnect the power;
 - b. record names of all personnel who might have been exposed;
 - c. contact the Radiation Safety Officer immediately and report the incident, and the Radiation Safety Officer will ensure that staff exposed will be immediately dispatched to the emergency room of the hospital indicated below to be seen by the radiation oncologist on duty.

Name of hospital or health care facility: _____
Telephone number: _____

It is the duty of the individual(s) accompanying the exposure victim(s) to the hospital /health care facility to advise the attendant medical staff that accidental exposure to x rays has occurred. The hospital/health care facility emergency staff should then undertake the protocol for post exposure to ionizing radiation.

2. The Radiation Safety officer will immediately initiate an accident investigation, file a preliminary report with the regulatory authority that has jurisdiction of the facility in which the x-ray machine is located as soon as sufficient details about the accident become available, and prepare a final report.
3. The contracted maintenance service provider, _____, shall be contacted and requested to check the machine, participate in the investigation and, if necessary, service the x-ray machine accordingly.
4. The x-ray machine owner shall:
 - a. ensure that a complete investigation is carried out and that appropriate corrective measures are immediately implemented; and
 - b. ensure that a copy of the accident investigation final report, which shall incorporate the corrective measures, is sent within 5 calendar days to the radiation protection regulatory authority that has jurisdiction for the facility in which the x-ray machine is located.

Note:

The user should complete the blanks in the preceding emergency procedures specific to the facility, hospital / health care facility, and contracted maintenance provider. It is the responsibility of the equipment owner to ensure that all operators and operators' Supervisor adhere to these emergency procedures, and that the contact information on personnel presented in the emergency procedures remains current.

Attachment C

ACCIDENT INVESTIGATION REPORT

Facility name and address: _____

Date: _____

Equipment Brand name: _____

Manufacture: _____

Model: _____

Site of accident: _____

Date of Accident: _____

Description of accident:

Equipment owner or RSO actions taken: (e.g., care of the victims, immediate repair of equipment, etc.)

Corrective action: (specify dates when implemented)

Comments:

Report prepared by:

Signature: _____

Title: _____

Telephone Number: _____

email address: _____