

Appendix 13A: Template – Letter for Equipment Servicing Agents

EQUIPMENT SERVICING AGENT LETTERHEAD
<copy this template onto your business letterhead>

Dear <insert details>

For the purposes of the Diagnostic Imaging Accreditation Scheme, I hereby attest to the following in relation to the service providers assigned to your practice located at <insert address> for the period, <insert month/year – month/year>:

- all our service providers are trained in accordance with the manufacturer’s recommended servicing procedures for the item/s of diagnostic imaging equipment, listed in Schedule 1 that is/are located at your practice; and
- our service providers have and maintain all required radiation use licences for the state or territory in which the servicing of ionising radiation equipment occurs; and
- a current radiation use licence for service and repair was held at the time the ionising radiation equipment listed in Schedule 1 was serviced at your practice by the service provider/s listed in Schedule 2.

Training records and licence details for all the service providers assigned to your practice have been sighted by me and can be provided on request.

I confirm that the information provided in this letter is complete and correct.

Yours sincerely

<insert name, workplace title, business contact details and date>

Schedule 1 Diagnostic imaging equipment <insert required information below>

| Equipment Type | Manufacturer | Model | Serial number |
|----------------------------|-----------------|---------------|------------------|
| <i>X-ray</i> | <i>Shimadzu</i> | | |
| <i>X-ray</i> | <i>Radspeed</i> | | |
| <i>Angiography</i> | <i>Siemens</i> | | |
| <i>Ultrasound</i> | <i>Mindray</i> | <i>DP80</i> | <i>XYZABC01</i> |
| <i>Ultrasound</i> | <i>Philips</i> | <i>EPIQ 7</i> | <i>DEFGHI002</i> |
| <i>Computed Tomography</i> | <i>Philips</i> | <i>MX16</i> | |
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Schedule 2 Service providers <insert required information below>

| Name | Radiation Licence No. (if required) | Licence type/radiation source | Licence purpose/practice | Jurisdiction |
|----------------------|-------------------------------------|--|-----------------------------|-----------------|
| 1. <i>John Smith</i> | <i>123450067</i> | <i>servicing and testing of dental radiation apparatus</i> | <i>x-ray equipment only</i> | <i>Victoria</i> |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |