**Appendix 13B: Template – Letter for Practices employing Service Providers**

DIAGNOSTIC IMAGING PRACTICE 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 working at this 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 this 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 this practice by the service provider/s listed in Schedule 2.

Training records and licence details for all the service providers working at this 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>

DIAGNOSTIC IMAGING ACCREDITATION SCHEME USER GUIDE – Appendix 13B

**Schedule 1** Diagnostic imaging equipment <insert required information below>

| **Equipment Type** | **Manufacturer** | **Model** | **Serial number** |
| --- | --- | --- | --- |
| *X-ray* | *Shimadzu* |  |  |
| *X-ray* | *Radspeed* |  |  |
| *Angiography* | *Siemens* |  |  |
| *Ultrasound* | *Mindray* | *DP80* | *XYZABC01* |
| *Ultrasound* | *Philips* | *EPIQ 7* | *DEFGHI002* |
| *Computed Tomography* | *Philips* | *MX16* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Schedule 2** Service providers <insert required information below>

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