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	Philips	MX16	
Tomography			

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.				