



AARUPADAI VEEDU MEDICAL COLLEGE & HOSPITAL

Vinayaka Mission's Puducherry Campus

VINAYAKA MISSION'S RESEARCH FOUNDATION - Deemed to be University

(Recognized by : MCI, New Delhi; Ministry of Health & Family Welfare, Govt of India; NAAC & NABH Accredited)

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Ref. No./DEAN/PDY/COMM-17/2025

Date:05.09.2025

Radiation Safety Committee

The Radiation Safety Committee has been reconstituted with the following Members.

Committee Designation	Name	Academic Designation
Chairperson	Dr. R Mani	Dean
Vice Chairperson	Dr. K. Dhamodaran	Medical Superintendent
Convenor	Dr. Prabhu C S	Prof. & HOD / Radiology
Members	Dr. Prem kumar	DMS-1
	Dr. Ashwyn Anand Nelson	RMO
	Dr. Gurudatta Sadashiv Pawar	Prof. & HOD FMT NABH Co-Ordinator
	DR. T. Shriram	Asso. Prof., Radiology
	Dr. Sheela Kuruvila	Prof & HOD Dermatology
	Dr. Suresh Rajkumar	Prof., Anaesthesiology
	Dr. Mishra.P	Prof. & HOD, Ophthalmology
	Dr. Sampath kumar poral	Prof. & HOD, General Surgery
	Dr. Vithiavathi.S	Prof. & HOD, General medicine
	Dr. Boblee James	Prof & HOD, Orthopaedics
	Mr. Vivek	Manager Operations
	Mr. R Thiyagarajan	Biomedical Engineer
	Mrs. Vasanthamalar	Radiation Safety Officer
	Mrs. Justin Mary	Nursing Superintendent
Quality Member	Mrs. Dhanammal	Quality Executive

DEAN

Dr. R. MANI, M.D.,
DEAN

Aarupadai Veedu Medical College & Hospital
Kirumampakkam, Puducherry-607 403.

ROLES OF RADIATION SAFETY COMMITTEE

The Radiation Safety Committee is responsible for the following major functions:

1. To review and implement the radiation safety programme at predefined interval.
2. To conduct regular training programme to all employees on radiation safety i.e. Radio diagnosis, Cath lab, Endoscopy, Operation theatre) in coordination with HR training and development team.
3. Ensure that all employees who work in radiation emitting area are provided with appropriate radiation safety devices.
4. Radiation safety rounds to be conducted on monthly basis to check the adherence of safety precautions followed by employees working with radiation emitting equipment's on random basis.
5. Review radiation safety incidents, issues, and violations, and recommend corrective actions.
6. Review a summary of the occupational radiation dose records and recommendations on ways to maintain doses as low as reasonably achievable.
7. Conduct periodic audit and reviews of the Radiation Safety Program to determine that all activities are being conducted in accordance with radiation safety policy, license conditions, and regulatory requirements.
8. To identify potential hazards in radio diagnosis and carry out risk assessment and analysis.
9. To provide control measures on the findings to risk assessment and risk analysis.


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Continuation Sheet

RADIATION SAFETY COMMITTEE

TERMS OF REFERENCE

1.Objective:

- To be characteristics of the radiation safety program
- To be review current radiation safety program development
- To be aware of the services offered by radiation safety staff
- To be aware of the regulatory licences, registration and notices defining employee rights concerning radiation safety.
- To be aware of atomic energy regulatory boards.

2. Scope: Applicable to all departments of the hospital.

3. Constitution of Committee The convener shall have the authority to invite any non-member to attend the meeting if it is deemed fit in relation to any matter being/ or to be deliberated by the committee.

4. Quorum: The minimum quorum for passing any resolution in the committee should be more than 50% of the members present with chairperson mandatory.

5. Frequency of meeting: Members of the committee meets **three months once** and as when required.


DEAN

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