APPENDIX GG  
ADOPTION PROPOSAL FORM

**STA/SDV/OP/04/F1**

**KENYA BUREAU OF STANDARDS**

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| **Document Type:** | **Adoption proposal** | |
| **Dates:** | Circulation date | Closing date |
| 23-08-2019 | 22-09-2019 |
| **TC Secretary** | **This form shall be filled, signed and returned to Kenya Bureau of Standards for the attention of Oyoo T.O.** | |

The Kenya Bureau of Standards intends to adopt the International Standards as detailed here below .............................................................................................................................................

**Number.** IEC 60601-2-44:2009........................................................................................................................................

**Title.** Medical electrical equipment - Part 2-44:Particular requirements for the safety of X-ray equipment for computed tomography..

**Scope.** IEC 60601-2-44:2009 applies to the basic safety and essential performance of CT scanners. The scope of IEC 60601-2-44:2009 is limited to CT scanners intended to be used for both head and body characterised by an enclosure of the X-ray source(s) and imaging detector(s) in a common protective cover in the shape of a toroid. It includes safety requirements for the X-ray generators used in CT scanners, including those where high-voltage generators are integrated with an X-ray tube assembly. This third edition cancels and replaces the second edition published in 2001 and its Amendment 1 (2002). This edition constitutes a technical revision primarily related to radiation protection and control. The contents of the corrigendum of May 2010 have been included in this copy.

We are therefore seeking views from potential users in respect of the same. The Standard is available at the Kenya Bureau of Standards Information Centre. Please tick and fill your preference of the listed option. (If the spaces provided are not enough, please attach a separate sheet of paper).

Adoption acceptable as presented

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Adoption proposal not acceptable because of the reason(s) below

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Our Recommendations are as follows

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Name and Signature (of respondent): ................................................

Position (of respondent): .....................................

On behalf of ......................................................................................... (Name of organization)

Date .........................................................................

**NOTE:** Absence of any reply or comments shall be deemed to be an acceptance of the proposal for adoption and **shall constitute an approval vote**.