

NEW, TRANSFER AND DISPOSED OF X-RAY EQUIPMENT FORM

PLEASE COMPLETE IDENTIFICATION

X-Ray Registration #: _____
 Registrant Name: _____
 Facility Name: _____
 Address: _____
 Phone: _____

This form is **ONLY** to be used:

- a) For the registration of x-ray equipment **acquired** since the last registration and not listed on the registration certificate.
- b) For x-ray equipment **transferred** or **disposed** of since the last registration cycle.

X-RAY EQUIPMENT ACQUIRED

<u>Control Manufacturer</u>	<u>Model Number</u> (control panel)	<u>Serial Number</u> (control panel)	<u># of Tubes</u>	<u>Type of Unit</u> (see reverse side for list)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

X-RAY EQUIPMENT TRANSFERRED OR DISPOSED OF (does not include stored machines):

Indicate name, address and phone number of the individuals assuming ownership of all x-ray equipment transferred or disposed of during annual x-ray machine registration. Equipment in storage (currently owned by registrant) is not considered to be disposed of.

<u>Control Manufacturer</u>	<u>Serial Number</u> (control panel)	<u># of Tubes</u>	<u>Current Location (name, address, phone)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that:

- 1) All information on this form is true and complete; and
- 2) Any change in the information furnished to the Division will be reported, in writing, to the Division of Radiation Control within 14 working days of such change.

SIGNATURE:	_____	TITLE:	_____
PRINT NAME:	_____	DATE:	_____

REFERENCE CHART

FACILITY TYPE		MACHINE STATUS	
DC	Chiropractors	Active	x-ray machine is operational at this time.
DDS	Dentists		
DP	Podiatrists	Stored	x-ray machine is not functional, but is repairable and is stored.
DVM	Veterinarians		
HOSP	Hospitals	Trans	x-ray machine has been sold, disposed of, or has been sent out of state.
IND-C	Industrial with cabinet or other industrial units		
IND-H	Industrial with high or very high radiation areas	Notes: A mobile unit (MR) is one that may be moved, but requires some assistance to move the unit i.e., wheels, dolly, etc. A portable unit (PR) is one that is also capable of being moved, but the unit is small enough that it can be hand moved by a single individual. The code IND tracks those systems used in the nondestructive testing of welds, etc. The code MINCF applies to a C-arm fluoroscopic system with an image intensifier of approximately 2 inches in diameter.	
MD-F	Medical w/ fluoroscopic or computed tomography units		
MD-R	Medical w/ general purpose radiographic units		
RT	Radiation Therapy		
OT-ED	Other-Educational		
OT-ML	Other-Low Exposure Medical		

X-RAY UNIT TYPE (Based upon how the system is used)			
BSCAN	Bone Mineral Analyzer	MA	Mammographic
CEPH	Cephalometric	MINCF	Mini C-arm Fluoroscopic (see notes above)
CF	Stationary C-arm Fluoroscopic	MR	Mobile Radiographic (see notes above)
MCF	Mobile C-arm Fluoroscopic	PA	Particle Accelerator
CT	Computed Tomography	PAN	Panoramic Dental
CX	Cabinet X-ray	PCCT	Combination Panoramic or Cephalometric or CT Dental
DR	Intraoral Dental Radiographic	POD	Podiatric Radiographic
FL	Fluoroscopic	PR	Portable Radiographic (see notes above)
GR	General Purpose Radiographic	XD	X-ray Diffraction
GR/FL	Combined General Purpose Radiographic and Fluoroscopic	XD/XF	Combination X-ray Diffraction and Fluorescence
IND	Industrial X-ray (nondestructive testing applications) (see notes above)	XF	X-ray Fluorescence