

# 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 Waste Management and Radiation Control within 14 working days of such change.

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

# REFERENCE CHART

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

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