

Registration Number: _____

X-RAY MACHINE REGISTRATION APPLICATION FY ____

DWMRC-10

(Provided by Division of Waste Management and Radiation Control)

Facility Name:		Facility Type: (see reverse)	
Address line 1:		Doctor's Name:	
Address line 2:		Contact's Name:	
City and ZIP code		Phone Number:	

MACHINE INFORMATION

UTAH MACHINE ID NO.	CONTROL PANEL			ROOM	UNIT TYPE (see reverse)	NUMBER OF TUBES	STATUS (Active/Stored/Trans) (see reverse)	*REG. FEE
	MANUFACTURER	MODEL #	SERIAL NUMBER					
*The registration fee is \$35.00 per x-ray tube. If the control unit operates more than one tube, each additional tube is \$35.00.							AMOUNT DUE	

MAKE CHECKS PAYABLE TO: DIVISION OF WASTE MANAGEMENT AND RADIATION CONTROL
P.O. BOX 144880
SALT LAKE CITY, UT 84114-4880

I hereby certify that:

- 1) All information in this registration application is true and complete;
- 2) I will develop a detailed program of radiation safety that includes provision for keeping doses As Low As Reasonably Achievable and assures compliance with Utah Radiation Control Rules;
- 3) I will instruct employees in the hazards of radiation and in safety practices they must adhere to; and
- 4) Any change in the information furnished on this application will be reported, in writing, to Director, Division of Waste Management and Radiation Control within 14 working days of such change.

SIGNATURE:		TITLE:	
PRINT NAME:		DATE:	

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		
MD-F	Medical w/fluoroscopic or computed tomography units		
MD-R	Medical w/general purpose radiographic units		
RT	Radiation Therapy	<p>Notes:</p> <p>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.</p>	
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
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	PCEPH	Combination Panoramic, Cephalometric, or Computed Tomography
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/ Fluorescence
IND	Industrial x-ray (nondestructive testing applications) (see notes above)	XF	X-ray Fluorescence