

# Add X-ray equipment – Step one

The screenshot shows the Ohio Department of Health X-Ray Registration and Inspection website. The 'Amend' button is highlighted with a red arrow and a callout box. The registration details for ABC Dental Associates Inc. are displayed, including facility type, registration dates, individual responsible for radiation protection, responsible officer, and addresses and communications. A table of radiation sources is also shown.

**Amend**   **Print Certificate**   [Contact ODH](#)

**Identification**  
Facility: ABC Dental Associates Inc  
Facility Type: [Dental Office](#)  
Reg #: [02-A-04377-001](#)

**Registration Dates**  
Expiration Date: [07-31-2012](#)   Latest Amend Date:  
Last Inspection Date: [01-24-2012](#)   Last Partial Ins Date:

**Individual Responsible for Radiation Protection**  
IRRP: [Alfred B Cranes DDS](#)  
E-Mail: [dentist123@abcdentist.com](#)

**Responsible Officer**  
Name: [Alfred B Cranes DDS](#)   Title: [DDS](#)

**Addresses and Communications**

Source	Mailing	Billing
123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 430 Franklin County
Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381

**Radiation Sources**

Description	Operable X-ray Tubes Registered	Inoper Tubes
Extraoral with Panorax	1	0
CT (Computed Tomography)	1	0
<b>Total # of X-ray Tubes</b>	<b>2</b>	<b>0</b>

**Online Amendment Instructions**

Before you begin, it may be helpful to print out specific instructions from the link above. If you have questions, please call (614) 995-4727 or e-mail [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov). Remember to print your certificate after your approved changes. (Only accounts in compliance with a zero balance will show the PRINT CERTIFICATE button.)

**Self-Approved Amendments**

- Add tubes or update mailing/billing address or phone/fax numbers
- IRRP change (Form [HEA5526](#))
- Facility move (Form [HEA0152](#))

**ODH-Approved Amendments**

Select one of the amendment types below to reduce tube count or make corrections to your record.

- Tube reduction
- Facility name correction
- Tax identification number correction
- Responsible officer change (not IRRP change)
- Facility type change

Error corrections or wrong tube category - If you added/decreased an incorrect amount of tubes, or if your registration shows the wrong tube category, please call 614-995-4727. DO NOT SUBMIT **ONLINE** additions or reductions for the correction of errors. Staff will assist you in correcting your record.

# Add X-ray equipment – Step two

Ohio Department of Health X-Ray Registration and Inspection

Apply for a New Registration  
If you have any questions, please contact ODH at (614) 995-4727

Amendments  
Amend the information about the facility and then click Save. After clicking Save, the information that you have made will automatically be approved and will appear on the registration.

Identification  
Facility: ABC Dental Associates Inc  
Facility Type: Dental Office  
Reg #: 02-A-04377-001

Registration Dates  
Expiration Date: 07-31-2012 Latest Amend: [blank]  
Last Inspection Date: 01-24-2012 Last Partial Ins: [blank]

Individual Response  
IRRP: Alfred  
EMail: [blank]

Addresses and Contact Information  
Mailing Address (Facility)  
\* Phone: 614 644 2727  
\* Street Address 1: 123 N High St Ste 123  
\* Street Address 2:  
\* City: Worthington  
\* State: Ohio

Billing Information  
 Check if same as above  
\* Phone: 614 644 2727  
\* Street Address 1:  
\* Street Address 2:  
\* City:  
\* State:

Source Location (Where Radiation-Generating Equipment is located)  
\* Phone: 614 644 2727 Ext: 1111 Fax: 614 466 0381  
\* Street Address 1:  
\* Street Address 2:  
\* City:  
\* State: Ohio Zip: 43085 County: Franklin

Radiation Sources (X-ray tubes)  
Enter the number of tubes to be added to your current inventory

Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Radiographic (Stationary)	0	0	<input type="text"/>	<input type="text"/>
Radiographic Mobile	0	0	<input type="text"/>	<input type="text"/>
Bone Densitometry	0	0	<input type="text"/>	<input type="text"/>
C.T. (Computerized Tomography)	0	0	<input type="text"/>	<input type="text"/>
Mammographic	0	0	<input type="text"/>	<input type="text"/>
Stereotactic Biopsy	0	0	<input type="text"/>	<input type="text"/>
Fluoroscopic: Under Table	0	0	<input type="text"/>	<input type="text"/>
Fluoroscopic: Above Table	0	0	<input type="text"/>	<input type="text"/>
Fluoroscopic: C-Arm (Stationary)	0	0	<input type="text"/>	<input type="text"/>
Fluoroscopic: C-Arm (Mobile)	0	0	<input type="text"/>	<input type="text"/>
Fluoroscopic: C-Arm (Miniature)	0	0	<input type="text"/>	<input type="text"/>
Fluoroscopic: Lateral	0	0	<input type="text"/>	<input type="text"/>
Therapy - Operative	0	0	<input type="text"/>	<input type="text"/>
Simulator: [blank]	0	0	<input type="text"/>	<input type="text"/>
Simulator: [blank]	0	0	<input type="text"/>	<input type="text"/>
Simulator: [blank]	0	0	<input type="text"/>	<input type="text"/>
Simulator: [blank]	0	0	<input type="text"/>	<input type="text"/>
Dental				
Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Intraoral	0	0	<input type="text"/>	<input type="text"/>

Add the new tube(s) in the appropriate column(s)

Only add the number of **new tubes**.

You will **NOT** be asked for the new equipment manufacturer, model or serial number.

**DO NOT** give a confirming count.

# Add X-ray equipment – Step three

Therapy - Operates >= 1 MV (Linac)		0	0	<input type="text"/>	<input type="text"/>
<b>Veterinary</b>					
<b>Description</b>	<b>Operable Currently Registered</b>	<b>Inoperable Currently Registered</b>	<b>Add # of Operable Tube(s)</b>	<b>Add # of Inoperable Tube(s)</b>	
Radiographic	0	0	<input type="text"/>	<input type="text"/>	
Dental	0	0	<input type="text"/>	<input type="text"/>	
C.T.	0	0	<input type="text"/>	<input type="text"/>	
Fluroscopy	0	0	<input type="text"/>	<input type="text"/>	
Therapy >= 1 MV (Linear Accelerator)	0	0	<input type="text"/>	<input type="text"/>	
Radiographic (Mobile)	0	0	<input type="text"/>	<input type="text"/>	
<b>Non-Medical - Analytical</b>					
<b>Description</b>	<b>Operable Currently Registered</b>	<b>Inoperable Currently Registered</b>	<b>Add # of Operable Tube(s)</b>	<b>Add # of Inoperable Tube(s)</b>	
Gauging Unit	0	0	<input type="text"/>	<input type="text"/>	
Electron Microscope/Photoelectron Spectrometer	0	0	<input type="text"/>	<input type="text"/>	
Open Beam Analytical	0	0	<input type="text"/>	<input type="text"/>	
Closed Beam Analytical	0	0	<input type="text"/>	<input type="text"/>	
Hand-held Analytical	0	0	<input type="text"/>	<input type="text"/>	
<b>Non-Medical - Radiographic &amp; Irradiation Devices</b>					
<b>Description</b>	<b>Operable Currently Registered</b>	<b>Inoperable Currently Registered</b>	<b>Add # of Operable Tube(s)</b>	<b>Add # of Inoperable Tube(s)</b>	
Particle Accelerator	0	0	<input type="text"/>	<input type="text"/>	
Bomb Detection Unit	0	0	<input type="text"/>	<input type="text"/>	
Enlosed System (Exclude Admittance)	0	0	<input type="text"/>	<input type="text"/>	
Enlosed System ( Allows Admittance)	0	0	<input type="text"/>	<input type="text"/>	
Radiographic (non-enlosed or Temp. job site)	0	0	<input type="text"/>	<input type="text"/>	
C-arm (Mini)	0	0	<input type="text"/>	<input type="text"/>	
Particle Accel	0	0	<input type="text"/>	<input type="text"/>	
<b>Miscellaneous</b>					
<b>Description</b>					
Tube Only					

**Select Save** →

The tube(s) addition is immediate.  
You can print a new certificate for your facility if your account has a zero balance.