

# Remove X-ray equipment – Step one

Select the Amend button.

Ohio Department of Health X-Ray Registration and Inspection

Apply for a New Registration **Amend** Print Certificate Contact ODH

If you have any questions, please contact ODH at (614) 995-4727

**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: [04-27-2012](#)  
Last Inspection Date: [01-24-2012](#) Last Partial Inspection Date:

**Individual Responsible for Radiation Protection**  
IRRP: [Alfred B Cranes DDS](#)  
Email: [dentist123@abcdentist.com](mailto: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 43085 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	Inoperable X-ray Tubes Registered
Extraoral with Panorax	1	0
CT (Computed Tomography)	1	0
<b>Total # of X-ray Tubes</b>	<b>2</b>	<b>0</b>

# Remove X-ray equipment – Step two

**Ohio Department of Health** *X-Ray Registration and Inspection*

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**Apply for a New Registration**  
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**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.)

Select the Tube Reduction button and allow a few moments for the amendment page to open in edit mode

**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.

# Remove X-ray equipment – Step three

## Source Reduction Amendment

Enter an X for the tube to be removed from your inventory and then click the Next button. After clicking the Next button, you will be required to complete additional fields/information on Disposal or Transfer of RGE. ODH will review for approval before becoming effective. A confirmation message will be provided after the submittal of each amendment which you should print out and keep for your reference.

Back

Next

Description	Operable Currenty Registered	Inoperable Currenty Registered	Remove Operable Tube	Remove Inoperable Tube
Intraoral	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Panoral (only)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral (other than Panoral)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral with Intraoral	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral with Panoral	1	0	<input type="checkbox"/>	<input type="checkbox"/>
CT (Computed Tomography)	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held Dental	1	0	<input type="checkbox"/>	<input type="checkbox"/>

and enter an "X" in the appropriate tube field

Description	Operable Currenty Registered	Inoperable Currenty Registered	Remove Operable Tube	Remove Inoperable Tube
Therapy - Operates >= 250kVp	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Therapy - Operates >= 1 MV (Linac)	0	0	<input type="checkbox"/>	<input type="checkbox"/>

## Veterinary

Description	Operable Currenty Registered	Inoperable Currenty Registered	Remove Operable Tube	Remove Inoperable Tube
Radiographic	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Dental	0	0	<input type="checkbox"/>	<input type="checkbox"/>
C.T.	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Fluroscopy	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Therapy >= 1 MV (Linear Accelerator)	0	0	<input type="checkbox"/>	<input type="checkbox"/>

# Remove X-ray equipment – Step four

Select Next

Dental				
Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Intraoral	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Panoral (only)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral (other than Panoral)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral with Intraoral	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral with Panoral	1	0	<input type="checkbox"/>	<input type="checkbox"/>
CT (Computed Tomography)	1	0	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held Dental	1	0	<input type="checkbox"/>	<input type="checkbox"/>

  

Therapy				
Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Therapy - Operates >= 250kVp	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Therapy - Operates >= 1 MV (Linac)	0	0	<input type="checkbox"/>	<input type="checkbox"/>

  

Veterinary				
Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Enclosed System ( Allows Admittance)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic (non-enclosed or Temp. job site)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
C-arm (Mini)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Particle Accelerator <250 kVp	0	0	<input type="checkbox"/>	<input type="checkbox"/>

  

Miscellaneous				
Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Tube Only	0	0	<input type="checkbox"/>	<input type="checkbox"/>

Back Next

# Remove X-ray equipment – Step five

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[Instructions](#) [Home](#) [Logout](#)

Apply for a New Registration

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### Source Reduction Amendment - Transfer/Disposal Information

Enter the information, enter comments if applicable, and then click on the Submit button.

\* required field

**Identification**

Facility Name: ABC Dental Associates Inc  
Registration Number: 02-A-04377-001

Tube Code: D5  
Tube Name: Extraoral with Panorax  
Tube Status: Operable

\* Date of Transfer:  (mm/dd/yyyy)

\* Recipient Name:

\* Phone:    Ext.

\* Street Address:

\* City:

\* State:

\* Zip Code:

\* Manufacturer:

\* Model #:

\* Serial #:

Comments (Maximum of 160 characters):

1. State the company that **removed** the tube/equipment and complete all fields with appropriate information

2. Complete "Comments" field

3. Select Submit when finished

# Remove X-ray equipment – Step six

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[Instructions](#) [Home](#) [Logout](#)

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Congratulations! You have successfully submitted your source reduction amendment.

The Registration Program staff will review the documentation provided within two to three business days. Once your amendment has been approved, you will receive a confirming e-mail.

Click this button to submit another source reduction amendment for the same facility:

[Submit Another Amendment](#)

Click this button to return to the same facility:

[Return to the Facility page](#)

To submit an amendment for a different facility, click on the Home link at the top of the page.

Thank you,  
X-ray Registration  
Office of Health Assurance and Licensing  
Ohio Department of Health

Select  
Submit Another Amendment button  
OR  
Return to the Facility page button

# Remove X-ray equipment

ODH will review for approval before becoming effective. A confirmation message will be provided after the submittal of each amendment which you should print out and keep for your reference.

Tube reductions/corrections are not immediate and may take one to two business days to process.

You will receive a confirmation e-mail once the amendment has been approved or denied.

**To:** Gateway User Name

**Subject:** X-ray Registration Amendment Approved

**This email is generated automatically; DO NOT REPLY as you will not get a response back.**

Facility Name: FACILITY NAME

Registration Number:

REGISTRATION NUMBER

**The online x-ray registration amendment for the transfer/disposal of the operable tube has been approved.**

**If you have questions regarding this e-mail, please contact our office at 614.995.4727 or visit our web site for additional information. <http://www.odh.ohio.gov/odhprograms/rp/registration/registration.aspx>**

Thank you,

X-ray Registration

Office of Health Assurance and Licensing

Ohio Department of Health

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