

Office of Health Assurance and Licensing Amendment of Radiation-Generating Equipment

<http://www.odh.ohio.gov/en/odhprograms/rp/registration/amend.aspx>

Fax: 614-644-8526
 Email: xrayreg@odh.ohio.gov
 Mail to: Ohio Department of Health
 Xray Registration
 246 North High Street
 Columbus, OH 43215

If you need assistance completing registration forms, call 614-995-4727.

Registration number
Federal Tax ID

Please Type or Print Clearly

Registrant name		DBA name	
Phone	Ext	Fax	

List any address changes Mailing address Billing address X-Ray source location

Street address			
City	State	Zip	County

Individual Responsible for Radiation Protection *if changed*

Name	Email
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Please explain any changes to your registration.

Paper form use requires pre-authorization. All changes to registration records must be keyed online via ODH Gateway account.

Office of Health Assurance and Licensing

Amendment of Radiation-Generating Equipment

Radiation Sources (List current number of X-ray tubes you handle at this location)

Medic	Number Operable	Number Inoperable
M1 Radiographic (Stationary)	()	()
M2 Radiographic (Mobile)	()	()
M3 Bone Densitometry	()	()
M4 C.T. (Computerized Tomography)	()	()
M5 Mammography	()	()
M6 Stereotactic Biopsy	()	()
M7 Fluoroscopic: Under Table	()	()
M8 Fluoroscopic: Above Table	()	()
M9 Fluoroscopic: C-Arm (Stationary)	()	()
M10 Fluoroscopic: C-Arm (Mobile)	()	()
M11 Fluoroscopic: C-Arm (Miniature)	()	()
M12 Fluoroscopic: Lateral	()	()
M13 Cone Beam C.T.	()	()
M14 Radiographic Slot-Scan (2D/3D Imaging)	()	()
Dental		
D1 Intraoral	()	()
D2 Panorol	()	()
D3 Extraoral other than Panorol	()	()
D4 Extraoral with Intraoral	()	()
D5 Extraoral with Panorol	()	()
D6 Dental C.T.	()	()
D7 Hand-held Dental	()	()
D8 Dental C.T. with Extraoral	()	()
Therapy		
T1 Operates below 250 kVp	()	()
T2 Operates at or above 250 kVp and less than 1 MV	()	()
T3 Operates at 1 MV and above (Linear Accelerator)	()	()
T4 Simulator: C.T.	()	()
T5 Simulator: Radiographic	()	()
T6 Simulator: Fluoroscopic	()	()
T7 Integrated kVp-Rad/CT/Fluoroscopy (OBI)	()	()
T8 Mobile Electron Linear Accelerator	()	()
T9 Electronic BrachyTherapy	()	()
T10 Cyber Knife	()	()
T11 TomoTherapy	()	()
T12 ProtonTherapy	()	()

Veterinary Operable	Number Operable	Number Inoperable
V1 Radiographic (Stationary)	()	()
V2 Dental	()	()
V3 C.T. (Computerized Tomography)	()	()
V4 Fluoroscopic	()	()
V5 Therapy Operates at 1 MV and above (Linear Accelerator)	()	()
V6 Radiographic (Mobile)	()	()
V7 Hand-held Veterinary	()	()
V8 Micro C.T. Veterinary	()	()
V9 Integrated kVp-Rad/CT/Fluoroscopy (OBI)	()	()

Non-Medical – Analytical	Number Operable	Number Inoperable
R1 Gauging	()	()
R2 Photoelectronic Spectrometer	()	()
R3 Open Beam Analytical	()	()
R4 Closed Beam Analytical <i>(Examples: Diffraction, fluorescence spectrometer, auger microprobe, luminoscope, particle analyzer)</i>	()	()
R5 Hand-held Analytical	()	()

Non-Medical – Radiography and Irradiation Devices	Number Operable	Number Inoperable
S1 Particle Accelerator operates at or above 250 kVp	()	()
S2 Bomb Detector	()	()
S3 Cabinet System designed to exclude admittance of individual or their extremities. <i>(Examples: Baggage, cabinet fluoroscopic, cabinet irradiation, cabinet radiographic-fluoroscopic, cabinet ion beam device)</i>	()	()
S4 Permanent Radiographic (Vault) designed to allow admittance of individual <i>(Examples: Radiographic, CT, fluoroscopic, tomography)</i>	()	()
S5 Radiographic <i>(Examples: Non-enclosed unit or temporary job site)</i>	()	()
S6 C-Arm Miniature	()	()
S8 Cabinet System designed to allow admittance of individual	()	()
S9 Security Screening System	()	()

Miscellaneous	Number Operable	Number Inoperable
E70 Tube Only	()	()

Signature (If an organization, signature of responsible officer) *Signature and date required for processing*

Signature	Date (mm/dd/yy)
Printed name	Title

Completion of this form is required by Ohio Revised Code Section 3748.06 (Failure to apply may result in civil or criminal penalties).