

Ohio Department of Health • Bureau of Radiation Protection

AMENDMENT of Radiation-Generating Equipment

FAX to: 614-466-0381

or

Mail to: Ohio Department of Health
Bureau of Radiation Protection
PO Box 118
Columbus, OH 43215

If you need assistance completing registration forms,
call 614-644-2727, X-ray Registration.

Registration number

PLEASE TYPE OR PRINT CLEARLY

Registrant name		DBA name	
Federal Tax ID (FTI) <i>Must be included</i>	Federal Tax ID (FTI) <i>If changed, STOP</i> Please call 614-644-2727, X-ray Registration	SSN (only if no FTI is available)	
Phone ()	Ext	Fax ()	

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

Street address			
City	State	ZIP	County

If reducing number of tubes, use **Notice of Transfer or Disposal of Radiation-Generating Equipment** HEA 5508 7/09

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

	Number Operable	Number Inoperable		Number Operable	Number Inoperable
Medical			Veterinary		
M1 Radiographic (Stationary)	()	()	V1 Radiographic (Stationary)	()	()
M2 Radiographic (Mobile)	()	()	V2 Dental	()	()
M3 Bone Densitometry	()	()	V3 C.T. (Computerized Tomography)	()	()
M4 C.T. (Computerized Tomography)	()	()	V4 Fluoroscopic	()	()
M5 Mammography	()	()	V5 Therapy Operates at 1 MV and above (Linear Accelerator)	()	()
M6 Stereotactic Biopsy	()	()	V6 Radiographic (Mobile)	()	()
M7 Fluoroscopic: Under Table	()	()	Non-Medical – Analytical		
M8 Fluoroscopic: Above Table	()	()	R1 Gauging	()	()
M9 Fluoroscopic: C-Arm (Stationary)	()	()	R2 Electron Microscope/ Photoelectronic Spectrometer	()	()
M10 Fluoroscopic: C-Arm (Mobile)	()	()	R3 Open Beam Analytical	()	()
M11 Fluoroscopic: C-Arm (Miniature)	()	()	R4 Closed Beam Analytical (Examples: Diffraction, fluorescence spectrometer, auger microprobe, luminoscope, particle analyzer)	()	()
M12 Fluoroscopic: Lateral	()	()	R5 Hand-held Analytical	()	()
Dental			Non-Medical – Radiography and Irradiation Devices		
D1 Intraoral	()	()	S1 Particle Accelerator	()	()
D2 Panorol	()	()	S2 Bomb Detector	()	()
D3 Extraoral other than Panorol	()	()	S3 Enclosed System designed to exclude admittance of individual or their extremities. () () (Examples: Baggage, cabinet fluoroscopic, cabinet irradiation, cabinet radiographic-fluoroscopic, cabinet ion beam device)		
D4 Extraoral with Intraoral	()	()	S4 Enclosed System designed to allow admittance of individual () () (Examples: Radiographic, CT, fluoroscopic, tomography)		
D5 Extraoral with Panorol	()	()	S5 Radiographic (Examples: Non-enclosed unit or temporary job site)	()	()
D6 Dental CT	()	()	S6 C-Arm Miniature	()	()
D7 Hand-held Dental	()	()	Miscellaneous		
Therapy			E70 Tube Only		()
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	()	()			

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Please explain any changes to your registration.

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Individual Responsible for Radiation Protection *if changed*

Name	Email
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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).

HOSPITAL CATEGORY "07" ONLY

Identification of Hospital Certified Radiation Experts (CRE) (List one name per category and complete all categories).

Registered hospitals are required to complete the information below.

Diagnostic CRE *other than mammography*

Last name	First name	MI	CRE#	Expiration date

Mammography CRE

Last name	First name	MI	CRE#	Expiration date

Therapeutic CRE

Last name	First name	MI	CRE#	Expiration date