

Ohio Department of Health • Bureau of Radiation Protection

Notice of TRANSFER or DISPOSAL 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

Registration number

Federal Tax ID # <i>Must be included</i>
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If you need assistance completing registration forms, call 614-644-2727, X-ray Registration.

PLEASE TYPE OR PRINT CLEARLY

Current registration information

Name	Telephone	
Source location address		
City	State	ZIP

Must Select One Box and Complete Radiation Sources Section

1. <input type="checkbox"/> No changes, equipment has been replaced with like equipment at this location.
2. <input type="checkbox"/> Retain registration, I still handle other x-ray tubes at this location. (List current number of x-ray tubes you handle)
3. <input type="checkbox"/> Terminate registration, all my units have been <input type="checkbox"/> disposed <input type="checkbox"/> transferred

Recipient and identification of equipment *See second page for additional equipment*

Name	Telephone	
Address		
City	State	ZIP
Manufacturer of equipment		Enter tube code
Model number of equipment (e.g., Control Panel MDL No.)	Serial number of equipment (e.g., Control Panel SN)	Date of transfer or disposal

Recipient and identification of equipment *See second page for additional equipment*

Name	Telephone	
Address		
City	State	ZIP
Manufacturer of equipment		Enter tube code
Model number of equipment (e.g., Control Panel MDL No.)	Serial number of equipment (e.g., Control Panel SN)	Date of transfer or disposal

Must be completed and signed by Registrant on record or new owner. Signature and date required for processing

This information is furnished in accordance with rule 3701:1-38-03 (H) of the Ohio Administrative Code.

Signature	Date
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Model number of equipment (e.g., Control Panel MDL No.)	Serial number of equipment (e.g., Control Panel SN)	Date of transfer or disposal	

Recipient and identification of equipment

Name		Telephone	
Address			
City		State	ZIP
Manufacturer of equipment			Enter tube code
Model number of equipment (e.g., Control Panel MDL No.)	Serial number of equipment (e.g., Control Panel SN)	Date of transfer or disposal	

Radiation Sources (List current number of x-ray tubes you handle) Cannot terminate Registration if any tubes remain at location.

	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, luminescope, particle analyzer)	()	()
M12 Fluoroscopic: Lateral	()	()	R5 Hand-held Analytical	()	()
Dental			Non-Medical – Radiography and Irradiation Devices		
D1 Intraoral	()	()	S1 Particle Accelerator	()	()
D2 Panorax	()	()	S2 Bomb Detector	()	()
D3 Extraoral other than Panorax	()	()	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 Panorax	()	()	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	()	()			