

**Office of Health Assurance and Licensing**

**Notice of Termination of Radiation-Generating Equipment**

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

Registration number
Federal Tax ID

Please amend your x-ray registration record via your online account. If you need assistance, call 614-995-4727.

**This form will not be accepted to meet Assembler/Installer reporting requirements.**

Please Type or Print Clearly

**Current registration information**

Name		Telephone	
Source location address			
City		State	Zip

Terminate registration, all my units have been removed from the above location by 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 from page 2
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*

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Address			
City		State	Zip
Manufacturer of equipment			Enter tube code from page 2
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. Signature and date required for processing.**

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

Signature	Date
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Radiation Sources Cannot terminate registration if any remain at location.

**Medical**

- 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 Detal 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**

- 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. Veterinar
- V9 Integrated kVp-Rad/CT/Fluoroscopy (OBI)

**Miscellaneous**

- E70 Tube Only

**Non-Medical – Analytical**

- R1 Gauging
- R2 Photoelectronic Spectrometer
- R3 Open Beam Analytical
- R4 Closed Beam Analytical  
*(Examples: Diffraction, fluorescence spectrometer, auger microprobe, luminoscope, particle analyzer)*
- R5 Hand-held Analytical

**Non-Medical – Radiography and Irradiation Devices**

- S1 Particle Accelerator
- S2 Bomb Detector
- S3 Cabinet System designed to exclude admittance of individual or their extremities.  
*(Examples: Baggage, cabinet fluoroscopic, cabinet irradiation, cabinet radiographic-fluoroscopic, cabinet ion beam device)*
- S4 Permanent Radiographic (Vault) designed to allow admittance of individual  
*(Examples: Radiographic, CT, fluoroscopic, tomography)*
- S5 Radiographic  
*(Examples: Non-enclosed unit or temporary job site)*
- S6 C-Arm Miniature
- S8 Cabinet System designed to allow admittance of individual
- S9 Security Screening System