



**Office of Health Assurance and Licensing**  
**Individual Responsible for Radiation Protection (IRRP)**  
(New IRRP cannot self-appoint unless owner of facility)

**PLEASE PRINT OR TYPE**

Complete all fields

Registration Number
Facility Name
New IRRP name
New IRRP e-mail
Previous IRRP name
Name and Title of Designated Officer Authorizing IRRP Change
Contact phone number

**Ohio Department of Health**

Xray Registration

246 North High Street, Columbus, Ohio 43215

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Fax: (614) 644-8526

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