

Change Individual Responsible for Radiation Protection (IRRP)

Please use the IRRP CHANGE form ([HEA5526](http://www.odh.ohio.gov/pdf/forms/hea5526.pdf)) available on our web site. <http://www.odh.ohio.gov/pdf/forms/hea5526.pdf>



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

SAMPLE

Ohio Department of Health
X-ray Registration
246 North High Street, Columbus, Ohio 43215
Telephone: (614) 995-4727
Fax: (614) 644-8526
e-mail: xrayreg@odh.ohio.gov

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SUBMIT FORM

The new IRRP **cannot** self-appoint the request for himself unless he/she is the owner or other responsible party of the facility.

We also cannot reuse an e-mail address which has already been associated with a different user name.

The SUBMIT FORM button will send the form to our department via e-mail to xrayreg@odh.ohio.gov

If your computer does not allow you to e-mail the form, please fax to 614.644.8526