



RADIATION-PRODUCING EQUIPMENT REGISTRATION and DISPOSAL FORM
(one form per individual piece of equipment) TRANSFER

Personal Information (Registered User)

Last Name	First Name		Middle Initial
Facility Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
E-mail Address	Telephone		

Location of Radiation Producing Equipment

Department	Building	Room Number	Telephone Number
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Radiation Producing Equipment Information

Equipment Category:	<input type="checkbox"/> New Facility <input type="checkbox"/> New Purchase <input type="checkbox"/> Relocation <input type="checkbox"/> Upgrade <input type="checkbox"/> Transfer <input type="checkbox"/> Sale <input type="checkbox"/> Disposal , PO No. for disposal_____		
Equipment type:	<input type="checkbox"/> X-ray <input type="checkbox"/> Fluoroscope <input type="checkbox"/> Irradiator <input type="checkbox"/> Other_____		
If X-ray, Indicate Practice:	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Veterinary <input type="checkbox"/> Research <input type="checkbox"/> Education <input type="checkbox"/> Industrial <input type="checkbox"/> Institution <input type="checkbox"/> Other_____		
Facility Category:	<input type="checkbox"/> Clinic <input type="checkbox"/> Research Laboratory <input type="checkbox"/> Mobile <input type="checkbox"/> Industrial <input type="checkbox"/> Education <input type="checkbox"/> Institutional <input type="checkbox"/> Other_____		
If Mobile:	Van or Trailer ID:_____ State:_____ License Tag No.:_____ Year:_____		
Equipment Brand :			
Model Number:			
Serial Number:			
If equipment contains a Sealed Source, list:	Radioisotope_____		
	Radioactivity_____		
	Sealed Source Serial Number_____		
Alternate Contact:		Telephone:	

Signature of Registered User		Date	
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