

RADIATION MACHINES REGISTRATION

Report of Change Machine Inventory

Registration Requirement

Every person possessing a reportable source of radiation must register with the State Department of Health Services Within 30 days of acquiring each such source. This form may be copied when there are more than five machines to be registered. Please number the pages when multiple pages are required.

Reportable Sources-Radiation Machines

Radiation machines which require registration include RADIOGRAPHIC AND FLUOROSCOPIC-X-RAY UNITS, X-RAY THERAPY UNITS, ACCELERATORS, TRANSMISSION ELECTRON MICROSCOPES, X-RAY DIFFRACTION UNITS, AND SIMILAR RADIATION-PRODUCING MACHINES. Devices which depend on radioactive materials as the sole source of radiation are not considered radiation producing machines.

A. INSTRUCTIONS

1. Please read all instructions on both sides of this form carefully.
2. Ensure all required sections on both the front and back of this form are filled out completely.
3. Type or print clearly in ink.
4. Please check all boxes that apply below and complete the indicated sections.

NEW REGISTRATION - YOU MUST COMPLETE SECTIONS B, D, and E

1. Print or type the name exactly as you wish it to be registered.
2. Show the location of the Facility.
3. Write the phone number of your facility.
4. Show the nature of business or professional specialty of the registrant at this location.
Examples include radiologist, dentist, chiropractor, veterinarian, internist, private hospital, cardiologist, microchip manufacturer.

CHANGE OF ADDRESS AND/OR NAME - YOU MUST COMPLETE SECTIONS B, C, and D

1. Always complete Section B Completely.
2. Complete only those items in Section C that have changed.
3. Ensure you have entered your registration number in Section C.

CHANGE IN NUMBER AND/OR TYPE OF TUBES - YOU MUST COMPLETE SECTIONS B, D and E

TRANSFER OF XRAY MACHINES BETWEEN FACILITIES: DO NOT USE THIS FORM. USE FORM RH3049
YOU MAY OBTAIN THIS FORM BY CALLING THE NUMBER BELOW.

B. IDENTIFICATION				
1. Facility Name NUMBER:		FACILITY	REGISTRATION	
2. Location of Installation (Number and Street)		City	Zip Code	
3. Telephone Number (including Area Code)	4. Nature of Business or Professional Specialty		County	
5. Mailing Address - If Different from Above (Number/Street)		City	Zip Code State (if not CA)	
C. NEW STATUS Complete only those items which have changed				
6. New name by Which Your Facility is to be Registered.		TOTAL TUBES POSSESSED		
7. Location of Installation (Number and Street)		City	Zip Code	
8. Telephone Number (including Area Code)	4. Nature of Business or Professional Specialty		County	
5. Mailing Address - If Different from Above (Number/Street)		City	Zip Code State (if not CA)	
MAIL THE ORIGINAL TO: State of California Department of Health Services Radiologic Health Branch, MS 7610 P.O. Box 997414 Sacramento, CA 95899-7414	D.	Name of person completing this form:		Title:
		Telephone Number (including Area Code)		Date:
		TAXPAYER ID NUMBER:		

Informational Contact: (916) 327-5106

COMMENTS:
RH 2261(12/03)

INVENTORY OF RADIATION MACHINES

Schedule A - - Inventory

Page ____ of ____

INSTRUCTIONS:

REGISTRATION MACHINE IDENTIFICATION - For each control panel, enter the following information:
(if more than five machines, you may copy the form as required).

- Manufacturer: Enter the maker of the machine.
- Model: Enter the model of the machine. If not known enter: UNKNOWN
- SERIAL NO.: Enter the control panel serial number. If not known enter: UNKNOWN
- No tubes: Enter number of tubes connected to this control panel.
- Use Code: You must enter the two digit code to identify the use/type of machine:
For example, if you have a healing radiographic/fluoroscopic unit, enter use code 33.

Healing Arts

Use Code	Type	Machine description
01	XRA	Radiographic
02	XCT	CT Scanner
03	XMA	Mammographic
04	XCH	Chest Minifilm (Photofluorographic)
05	XHF	Fluoroscopic
06	XTS	Therapy under 150 kVp
07	XTM	Therapy 150 kVp to 500 kVp
08	XTL	Therapy over 500 kVp

Non healing Arts

Use Code	Type	Machine description
09	XDN	Dental
10	XVR	Veterinary Radiographic
11	XVF	Veterinary Fluoroscopic
12	XVT	Veterinary Therapy
13	XHO	Other (healing)
31	XMB	Specimen Biopsy only Mammography (non-human use)
32	XBD	X-ray Bone Densitometry
33	XRF	Healing Radiographic Fluoroscopic combination
34	XSM	Therapy Simulator
14	XEM	Electron Microscope
15	XDF	X-Ray Diffraction
16	XRS	Radiographic (Cabinet/shielded room)
17	XRP	Radiographic (Field Radiography)
18	XNF	Fluoroscopic
19	XAS	Accelerator under 10 MeV
20	XAL	Accelerator 10 MV or over
21	XNO	Other (non healing)

E. Registration Machine Identification (INDICATE ADDITION OR DELETION)

Manufacturer _____
 Model _____
 Serial No: _____
 No. Tubes _____ Use Code _____ Added Deleted
 Location Within Facility _____

(Office use Only)

Manufacturer _____
 Model _____
 Serial No: _____
 No. Tubes _____ Use Code _____ Added Deleted
 Location Within Facility _____

Manufacturer _____
 Model _____
 Serial No: _____
 No. Tubes _____ Use Code _____ Added Deleted
 Location Within Facility _____

Manufacturer _____
 Model _____
 Serial No: _____
 No. Tubes _____ Use Code _____ Added Deleted
 Location Within Facility _____

Manufacturer _____
 Model _____
 Serial No: _____
 No. Tubes _____ Use Code _____ Added Deleted
 Location Within Facility _____