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 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

**INSTRUCTIONS:**

REGISTRATION MACHINE IDENTIFICATION - For each control panel, enter the following information:

- **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

<table>
<thead>
<tr>
<th>Use Code</th>
<th>Type</th>
<th>Machine description</th>
<th>Use Code</th>
<th>Type</th>
<th>Machine description</th>
</tr>
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<tbody>
<tr>
<td>01</td>
<td>XRA</td>
<td>Radiographic</td>
<td>09</td>
<td>XDN</td>
<td>Dental</td>
</tr>
<tr>
<td>02</td>
<td>XCT</td>
<td>CT Scanner</td>
<td>10</td>
<td>XVR</td>
<td>Veterinary Radiographic</td>
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<tr>
<td>03</td>
<td>XMA</td>
<td>Mammographic</td>
<td>11</td>
<td>XVF</td>
<td>Veterinary Fluoroscopic</td>
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<tr>
<td>04</td>
<td>XCH</td>
<td>Chest Minifilm</td>
<td>12</td>
<td>XVT</td>
<td>Therapy</td>
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<tr>
<td></td>
<td></td>
<td>(Photofluorographic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>XHF</td>
<td>Fluoroscopic</td>
<td>13</td>
<td>XHO</td>
<td>Other (healing)</td>
</tr>
<tr>
<td>06</td>
<td>XTS</td>
<td>Therapy under 150 kVp</td>
<td>14</td>
<td>XEM</td>
<td>Electron Microscope</td>
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<tr>
<td>07</td>
<td>XTM</td>
<td>Therapy 150 kVp to 500 kVp</td>
<td>15</td>
<td>XDF</td>
<td>X-Ray Diffraction</td>
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<td></td>
<td></td>
<td>500 kVp</td>
<td>16</td>
<td>XRS</td>
<td>Radiographic (Cabinet/shielded room)</td>
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<tr>
<td>08</td>
<td>XTL</td>
<td>Therapy over 500 kVp</td>
<td>17</td>
<td>XRP</td>
<td>Radiographic (Field Radiography)</td>
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<td></td>
<td>Fluoroscopic combination</td>
<td>18</td>
<td>XNF</td>
<td>Fluoroscopic</td>
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<td></td>
<td></td>
<td>19</td>
<td>XAS</td>
<td>Accelerator under 10 MeV</td>
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<td></td>
<td>20</td>
<td>XAL</td>
<td>Accelerator 10 MV or over</td>
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<td></td>
<td>21</td>
<td>XNO</td>
<td>Other (non healing)</td>
</tr>
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</table>

### Non healing Arts

<table>
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<tr>
<th>Use Code</th>
<th>Type</th>
<th>Machine description</th>
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</thead>
<tbody>
<tr>
<td>33</td>
<td>XRF</td>
<td>Healing Radiographic</td>
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<tr>
<td></td>
<td></td>
<td>Fluoroscopic</td>
</tr>
</tbody>
</table>

### E. Registration Machine Identification

(INDICATE ADDITION OR DELETION)

- **Manufacturer**
- **Model**
- **Serial No.:**
- **No. Tubes**
- **Use Code**
- **Location Within Facility**

Please type or print clearly and use capital letters only