



# RADIATION SAFETY RADIATION PRODUCING DEVICE REGISTRATION FORM

**Please return completed form to: Radiation Safety, P.O. Box 9006 or Fax: (304) 293-4529.**

**Device Primary User**

<b>Name</b>	<b>Title</b>
<b>Department</b>	<b>PO Box</b>
<b>Office Rm #                      Bldg</b>	<b>FAX</b>
<b>Office Phone</b>	<b>E-Mail</b>

**Device Description & Location:**

<b>Manufacturer</b>	<b>Model #</b>
<b>Make</b>	<b>Date Purchased</b>
<b>Control Panel Serial #</b>	<b>X-ray Tube Serial #</b>
<b>Building</b>	<b>Room No. where device is located</b>

**Additional Users of Device (attach additional sheets if necessary)**

<b>#1 Name</b>	<b>Department</b>
<b>Office Phone</b>	<b>E-Mail</b>
<b>#2 Name</b>	<b>Department</b>
<b>Office Phone</b>	<b>E-Mail</b>
<b>#3 Name</b>	<b>Department</b>
<b>Office Phone</b>	<b>E-Mail</b>
<b>#4 Name</b>	<b>Department</b>
<b>Office Phone</b>	<b>E-Mail</b>

Please answer the following questions regarding the device (use additional sheets if necessary).

1. Briefly describe how the device is currently being utilized.

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2. Briefly describe any training received in operating the device and indicate training date(s).

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3. Briefly describe the type of shielding used and/or shielding design.

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(Circle One Answer)

4. Primary Use of machine?      **Non-Human**      **Human**      **Animals**

5. Is device **Fixed** or **Mobile** ?

6. Users are currently wearing radiation monitoring devices to monitor exposure?      **Yes**      **No**

7. Was the device previously modified or repaired?      **Yes**      **No**

8. Was the device transferred to a new department or surplused?      **Yes**      **No**

9. Did the location of the X-ray device change since the last registration?      **Yes**      **No**

10. Was the shielding or radiation protection measures modified/altered?      **Yes**      **No**

11. If you answered **Yes** to any question in this section (7-10), please describe the deviation below.

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I hereby certify that the information provided above is true and accurate to the best of my knowledge. As the registered Primary User of the said device, I will provide written notification to Radiation Safety Services of any deviations to the current information within ten (10) working days of the modification.

Signature of Primary User: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_